MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the l Washington MARYLAND deat b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RERAL and give nearest lown) write RURAL and give neerest town) by Cumberland Pages 1 urs after weeks =-Hagerstown, Md. filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Western Maryland State Hospital 3. NAME OF Middle 4. DATE Lest paper DECEASED OF mp DEATH (Type or print) Domenico 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | carbon SEX 8. DATE OF BIRTH lest birthdey) O Months HE Male WIDOWED DIVORCED 26. July physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Railroad any Caulonia, Italy Trackman Retired attending pt Then please r val, and in a 13. FATHER'S NAME Catherine Lipari Elarca Ali 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Then moval, (Yes, no, or unknwn) | (Ifyesgivewerordetesofservice) Cumberland. Mrs. Marie Ali. the or attending physician, a has been signed by the he burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: FUNGOIDES LIMMEDIATE CAUSE (+) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ceuse fast. DIRECTOR: After this certificate has should be detached for use as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING P OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m at work et work 21. I certify that (I) (this haspital) attended the deceased from ID -1/ - 196/. that (1) (we) last 1/- 1961, and that death occurred at 1/55 M, from the causes and on the date stated above. saw the deceased alive on..... 22e. SLONATURE ATTENDING STAFF Hulous DIRECTOR PHYS. PHYS. 22d, ADDRESS TO FUNE director, p 238. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) St. Ambrose Cemetery Cresaptown.

F. Scarpelli, Cumberland, Md.

Allegany

Deys

USVA

(County)

Orthur S. France

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE NOV 1 4 '61

12. CITIZEN OF WHAT COUNTRY?

Md.

INTERVAL BETWEEN

ONSET AND DEATH

MONTHS

PERFORMEDI NO

(Stele)

22b. DATE

(State)

SIGNED

e. IS RESIDENCE

YES NO X

1961

IF UNDER 24 HRS.

Vaar

ON A FARM?

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24 FUNERAL DIRECTOR'S SIGNATURE

Frankling & STATE OF THE STATE A CONTRACTOR OF THE LOCAL PROPERTY OF THE PARTY OF THE PA

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12126
CERTIFICATE OF DEATH

. 1							
	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)					
/	Washington MARYLAND	* STATE Maryland b. COUNTY Washington					
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)					
	write RURAL end give nearest town)						
		(
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS S IS RESIDENCE					
	Washington County Hospital	Williamsport Md RFD #2 ves □ NOX					
	DECEASED	Last 4. DATE Month Dey Yeer					
	(Type or print) Michael Todd Aus	herman DEATH Nov. 11 19 61					
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
		Nov. 10-61 last birthdey) Months Deys Hours Min.					
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	done during most of working life, even if refired)						
	None	Maryland U.S.A					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Kenneth Ausherman	Sheridan Ann Cooper					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Add Williamsport Md					
		. Kenneth Ausherman RFD #2					
	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]	INTERVAL BETWEEN					
	42	CONSET AND DEATH					
	IMMEDIATE CAUSE (e) On Churtol	Atalectosis 20 hipo -					
	DUE TO						
	Conditions, if eny, which (b)						
	gave rise to Immediate cause						
	(a), steting the underlying DUE TO						
	ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?					
YES 20e. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.)							
					OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Slete)					
	Hour e.m. While Not While fector	ory, street, office bldg., etc.)					
		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					
	21. I certify that (1) (this hospital) attended the deceased from	100 10 1901, to 400 11 191, that (1) (we) last					
	saw the deceased all ve ohe Levy (1 197), and that	death occured at !! It M, from the causes and on the date stated above.					
	22b, DATE						
	(The 3 (Markey)	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.					
	20c, PHYSICIAN'S	22d. ADDRESS					
	NAME (Type)	Hagerstown Maryland					
	230. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY						
	Burial Nov. 13-61 Rest Haven	Cemetery Hagerstown Md.					
	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS A	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
Albert & Leas Williams ort My DATE NOV 1 4 '61 Chilms S. thous							
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A	MARYLAND STATE DEP	ARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMO	RE 1, MARYLAND
13137	CERTIFICATE	OF DEATH		13125
TOTOL				2020

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CLEAR SPRING 5 YRS.	CLEAR SPRING, MD.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS o. 15 RESIDENCE
RESIDENCE	S. MARTIN YES NO #
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Typa or print)	OF DYETH THE TOTAL OF TO 12
BRONSON BAL	KNETT NOVEMBER 20 19 OI
	last birthday) Monthe Dave we House Min
	MAI 3, 1899 02 yes. 0 11
No. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	
PAINTER HOUSE PAINTER	WOLF SUMMIT W. VA. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EARL BARNETT	GENEVA JARVIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [(Ifyesgivewerordatesofservice)]	INFORMANT Address
YES WORLD WAR 1 234-14-0207	MILLARD E. SHANK CLEAR SPRING, M
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and (c)	6) INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CECUTE CO	rongre Ceclesion ONSET IND DEATH
11001	of contract of contract of the
7201 DUE TO	V
Conditions, if any, which pave rise to immediate cause (b)	· · · · · · · · · · · · · · · · · · ·
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Maled Jastric 1	llcer YES NO [
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter natura of injury in Part or Part of item 18.)
	ACE OF INJURY (Homa, farm, † 20f. {City or town} [County] (Stata) ctory, street, office bldg., atc.)
Hour a.m. While Not While p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	XILFOX 15, 1961, 10/10 1, 20, 1961, that (1) (we) last
11:13	at death occured at
220. SIGNATURE	ATTENDING MED. STAFF 1/22b. DATE
Much Frewer	M.D. ATTENDING MED, STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typo) David M. Drewey	Clear spring Md.
238, BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Spacify)	OSE CEMETERY FRIENDSVILLE, MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25%, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Mary R. Rowles O CLEAR SPRING,	MD. DATE HOV 2 4 '61 arthur S. Kraus

TO HOSPITAL OR ALTENDING PHYSICIAN: The lew requires that the death certificate be executed, within 24 hours after death at 4 may be retained by the hospital or attending physician.

TO FUCARAL DIRECTOR: After this certificate has been signed by the ettending physician and complement illed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in eny event within 72 hours efter death. VR A1S (4) 1SM 7/61

116.7431 \$ 1 . (1/1) STE BOARD OF STREET ETT. A TOTAL TOTA THE PARTY OF THE P - LA PRO TOWN - WINDS OF LINE TO VEROUS - ASS FOR SERVICE BY in a Chille with Company of the Contract of the public Healed Faster Weller Thread P. Perre David M. Etterner Elia Notaning Hay AN ADERSON TO A STATE OF THE PARTY OF THE PA and the state of t

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MARYLAND STATE DEPARTMENT OF HEALTH

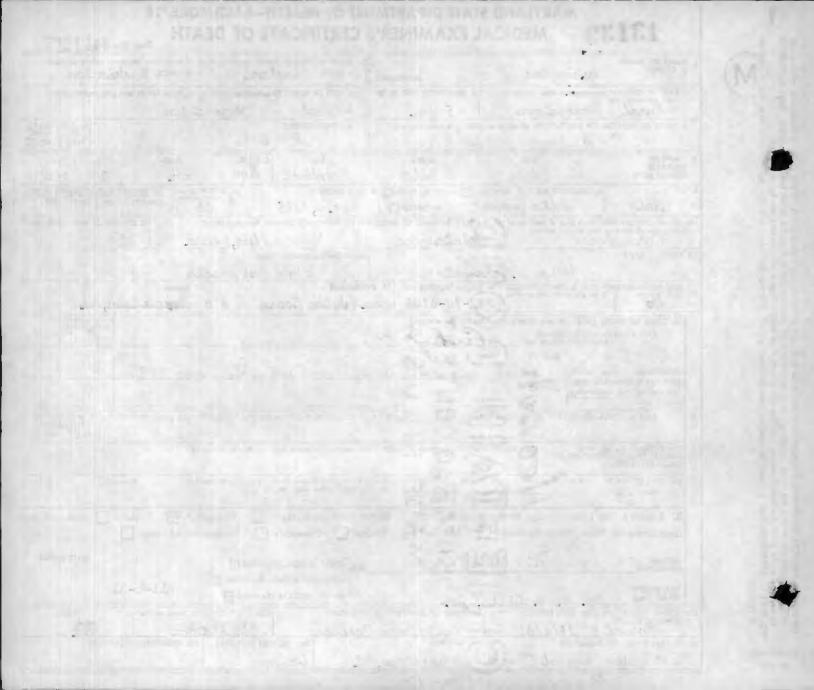
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 13138

CERTIFICATE OF DEATH

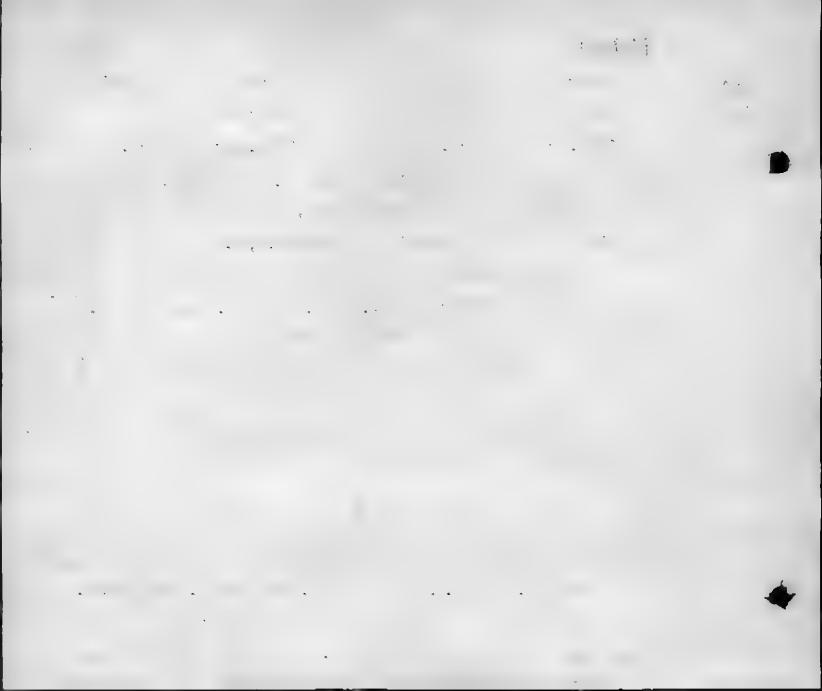
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmis
Washington MARYLAND	STATE Maryland B. COUNTY Washington
b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and giva nearest town)	CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
Hagerstown 23 yrs.	Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS o. IS RESIDES ON A FAS
209 High St.	1 209 High St. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
	Barnhart DEATH November 19 1961
	B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR) IF UNDER 24 H
Male White WIDOWED DIVORCED	Sept. 19, 1886 To yrs. Months Days Hours Mi
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUN
Sheet Metal Fairchild Aircras	ft State Line, Penna. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry W. Barnhart	Ada Ann Hesser
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	INFORMANT Address
No 188-03-9951 MA	rs.C.H.Barnhart 209 High St. Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line tor (e), (b), and (c).]	O INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE [8]]	Struck 14V.
1010	// A
Conditions, if any, which \ (b)	- Heart Procese 240.
geve rise to immediate cause	
(a), stating the underlying DUE (c)	
CONTRIBUTION OF STATE	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO
OI	PERFORMEI YES T NO
2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, form, ' 2Df. (City or town) (County) (State
Hour e.m. While Not While	ctory, street, office bldg., etc.)
	Va 0.26 of 12/19 6.
21. I certify that (I) (this hospital) attended the deceased from	
	at death occured at 101M, from the causes and on the date stated ab
22a. Michael Mostecces	ATTENDING MED. STAFF 22b. DA ATTENDING MED. STAFF S
22c PHYSICIAN'S	224 ADDRESS A
NAME (Type) Philip J. Hirshman, M.D.	159 W. Washington St.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 11/22/61 Rest Haver	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Rest Haven Juneral Chapel Hagerston	un, Md. DATE NOV 21 '61 Circling & Krous
- 1. D. C. Hack	a, man
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No necessary, please for. Page 4 shaul PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Washington Maryland b. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside perporate limits, write RUBAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give negrest town) Hagerstown 5 yrs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? R # YES NO NO NAME OF Middle First 4. DATE Month Year DECEASED Edgar. Dale. Barnhart DEATH yo (Type or print) NOU-19 61 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years 5. SEX IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min. Male WIDOWED | Apr. 4. 1895 DIVORCED [7] 66 yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maintenance State Line Penna arpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Ida Ann Hesser Harry W. Barnhart 10 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give Mrs. Eduthe Moore 212-14-6148 Hagers town, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN I. DEATH WAS CAUSED BY: Form **DUE TO** Canditians, if any, which pencil gave rise la immediate cause DUE TO (a), stating the underlying couse last. rtificate, writing the wara penaing in ta the Chief Medical Examiner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 80 CERTIFICATION PERFORMED? YES | NO Z 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ta the Chief Medical Exom. DIRECTOR: Poge 3 shauld MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc. White Not while G 00 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry , and find that Suicide , Homicide , Undetermined cause deoth resulted from: Natural causes 1. Accident . DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER Grwa Sed to ASSISTANT MEDICAL EXAMINER 11-4-61 EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER TO Ditto 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Haven Cemetery surral dageratown 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSMEIS Rest Haven Juneral Chapel DATE NOV Cithin & Times 361 5M 9/55



1	1.	MARYLAND STATE DEPARTMENT OF HEALTH
/	Am K	13128
after nera lould		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmissi COUNTY
क स्तुम्	N)	b. CITY OR TOWN (if outside corporate Limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate himits, write RURAL and give neerest town)
A Table	<u>ال</u>	write RURAL and give nearest town Life Hagerstown
filled Pages rs aft	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS on a FAR
ers. I		3. NAME OF First Middle Last 4. DATE Month Day Year
omp o		(Type or print) Goster Marcellus Batt St. OF DEATH Nov. 2 19 61
and constraints with		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED March 2, 1899 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HF Hours Min
icate tian a ove c event		10e. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNT
certit physic promoter any		Daxi driver Dransportation Hagerstown, Nd. USA 13. FATHER'S MAIDEN NAME
ding I	T	Charles Edward Batt Sara Elizabeth Bowers
the cattern Fren F		15. WAS DECFASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive werer detes of service)
that an. the nit. T		No 214-09-2236 Mrs. Lena F. Batt 300 S. Mount Valla Ave. 18. CRUSE OF DEATH [Enter only one couse per I no for (g), (b) and (c).] INTERVAL BETWEEN
ysicia ysicia ed by pern pern		PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) 144 dr-0 static / THEW THO TILLY 48 hrs.
w rec	•	Conditions, Control ony, which Disease 6 yrs
he la tendii been urial-t		geve rise to immediate cause (a), stelling the underlying DUE TO Casalus Lacus Lacus Lacus (a), stelling the underlying
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iffication to to	1	PERFORMED! YES \(\sqrt{NO} \)
the how his cer for us	15.11	20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert L or Pert L of Item 18.) OR CONTRIBUTING CAUSE OF DEATH URLEHTER, NOTIFIER, NOTIFIER, MEDICAL EXAMINER]
ffer the Heal		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour e.m. While Not While et work et work et work
talle OR: /	İ	p.m. 19 et work el work 21. I certify that (I) (this hospital) attended the deceased from 1961, to 2022 1961, to 2022 1961, that (I) (we)
De re le De		saw the deceased alive on 19 c., and that death occured at 1. M., from the causes and on the date stated about
may DIRE 3 sho		226 SIGNOTURE 226 SIGNOTURE ATTENDING MED. STAFF 1-3-6 1-3-6
RAL age	- 1	22c PHYSICIAN'S 22d. ADDRESS
od v	0	NAME (Type) Robert P. Conrad M.D. 137 W. Washington St. Hagerstown, Md. 236. BUR.AL, CREMATION, [236. DATE THEREOF [23c. NAME OF CEMETERY OR CREMATORY [23d. LOCATION (City, lown or county)] (Siete)
C death	2	REMOVAL (Specify) 11/5/61 Rest Haven Cemetery Hagerstown Maryland
VR A15 (4) 15M 9/60	D.	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR'S SIGNATURE
19M 7/90		Rest Haven Fineral Chapel Hagerstown, Ma. DANOV 7 '61 arthur & thous



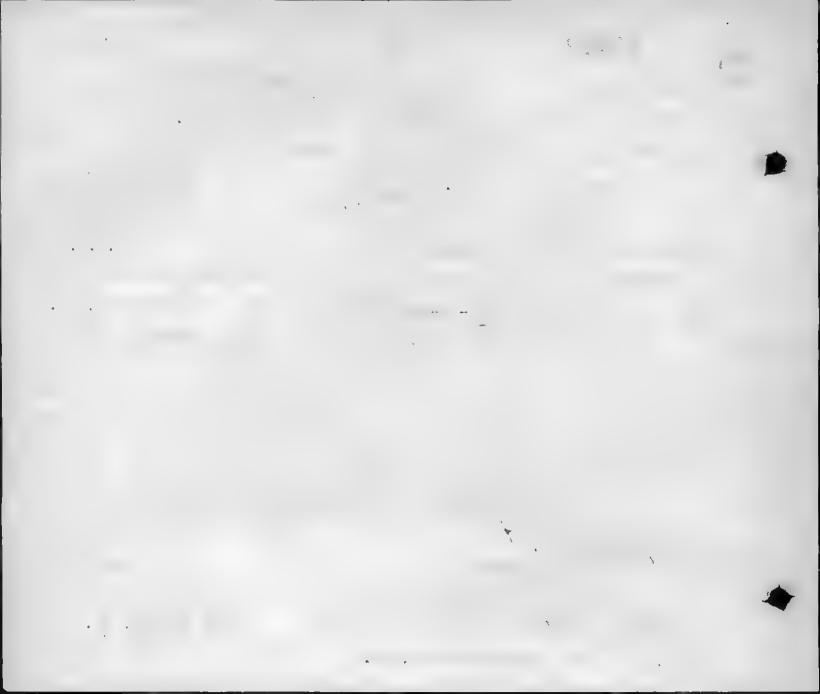
MARYLAND STATE DEPARTMENT OF HEALTH QF-STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I'ved, If institution; Residence before admission) a. COUNTY e. STATE b. COUNTY Washington by the land 2 send 3 se Washington Md. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Middleburg after 1 Day filled in I Pages d. NAME OF HOSP TAL OR INSTITUTION (if not in hospite,, give streat eddress) a. IS RESIDENCE STREET ADDRESS ON A FARM? Washington County Hospital YES NO X papers NAME OF Middle 4. DATE Last Day Yan DECEASED OF comp (Type or print) Ruth Sprenkle DEATH 19 61 Betts Nov. with 5. SFX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED pue carbo lest birthday) Femile WIDOWED T D VORCED IDE. USUAL OCCUPAT ON (Give kind of work 1Db KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore gin country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if relired) U.S.A. J.C. Penney Co. House Duties Waynesboro, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Minnie Sprenkle Fred Frick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivewarordatesofservice) Mrs. James Andrews, Hagerstown Md. #16 18. CAUSE OF DEATH (Enter only one cause per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate ceuse **DUE TO** (e), stating the undarlying has ceuse lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED' YES. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Part I or Part II of Item 18.) 20s, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH the After this detached WEDICAL 20a, PLACE OF INJURY (Homa, ferm, 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, streat, offica bidg , atc.) While Not While Hour e.m. at work at work DIRECTOR: 21. I certify that attended the deceased from. should death occured at M.M. from the causes and on the date stated above. ate saw the deceased alive 22b. DATE SIGNED PHYS. DIRECTOR MD. 22c THYSICAN ector, FUE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county 23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Waynesboro, Franklin Buria Green Hill 0,, ADDRESS BY REGISTEAR DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60 DATE

N. 12 1 4 5452 JG.

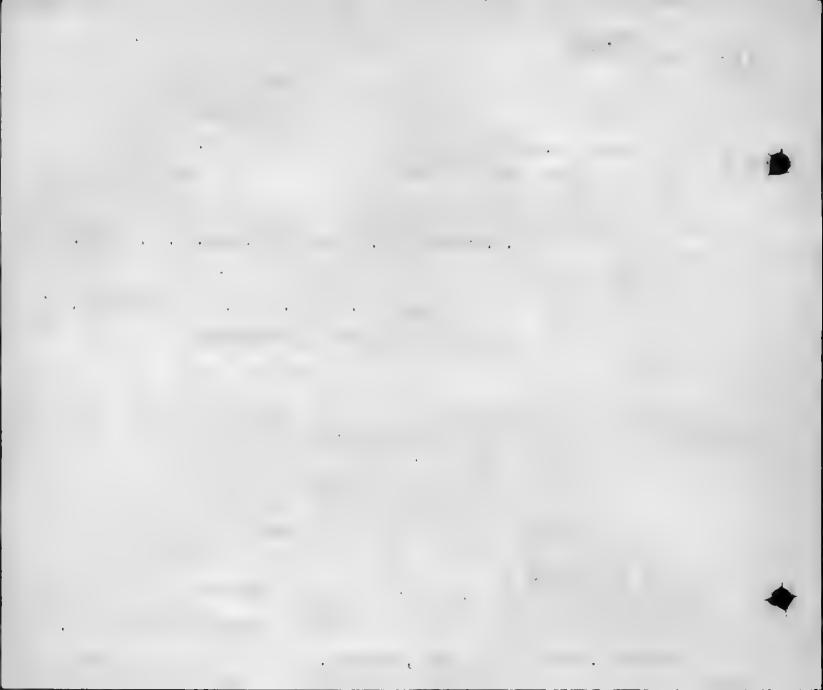
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3142 phods . PLACE OF DEATH USUAL RESIDENCE (Where datassed lived, If Institution, Residence balora admission) b. COUNTY WASHINGTON a. COUNTY 4 7 P WASHINGTON MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DOWNSVILLE ROAD 5 YEARS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) CLEAR SPRING, MD. e. IS RESIDENCE ON A FARM? YES NO NONE BOARDING HOME Yва Middla 4. DATE Month Day DECEASED OF [Type or print] DEATH 1961 c IF UNDER 24 HRS. 5 SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) 7. MARRIED NEVER MARRIED # and last birthday) Months event, WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRYS 106, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) U.S.A. FARMING please 14. MOTHER'S MAIDEN NAME _⊆ and ANNA ELIZEBETH GWIER DOWNEY BLAIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then P 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address oval, (Yas, no, or unkown) | (If yes give wer or deles of service) CLEAR SPRING, MD. MRS RUTH MUNDEY. 214-14-6436 NONE 2 I.ne for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) DUE TO Conditions, if any, which [b] gave rise la immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I. of itam 18.) 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER (Stata) 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, straat, office blod ., atc.) White Not While Hour a.m. at work at work p.m., that (I) (we) last certify that (I) (this hospite) the deceased from... II.M. from the causes and on the date stated above. and that death occurred at. saw the deceased 22b. DATE SIGNED PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (TV directe be file (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 238. BURIAL, CRAMATION, 236, DATE THEREOF REMOVAL (Spacify) CLEAR SPRING, MD. OH H HILL BURTAT 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24' FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) NOV 9 15M 7 61 CLEAR SPRING, MD. Chillian & throws

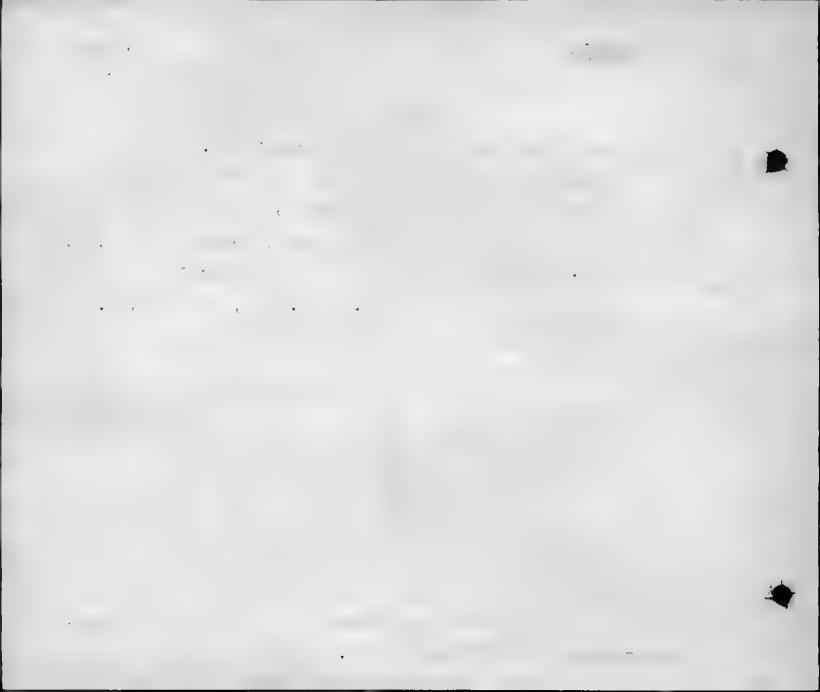
ARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) Item o raim GoOl -1 1. PLACE OF DEATH e. COUNTY Washington Washington MARYLAND Maryland b. CITY OR TOWN (if outs de corporete limits & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town, wate RURAL end give rearest town)
Hagers town 35 Yrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 356 East Franklin St 356 East Franklin YES NO X 3. NAME OF E.ret Middle DECEASED November 18 DEATH 1963 (Type or pont) ELIZABETH BOWERS MARY 6 COLOR OR RACE | 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In years lest birthde Devs Months Whi te Female 1893 WIDOWED [DIVORCED [Febv 1De. USUAL OCCUPATION (G ve kind of work I 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hagerstown Wash Co USA Own Home Housewife 13. FATHER'S NAME 14 MOTHER S MA DEN NAME No Record Charles E. Springer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give wer or detes of service): George E. Bowers Sr 356 E. Franklin St None Hagerstown Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: occlusio21 nislan IMMEDIATE CAUSE (a) DUE TO Cintenuoselerosis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY PERFORMED? NO · 200 ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of mury in Part I or Part II of item 18.) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bidg., atc.) While Not While Hour a.m. et work al work , and that death occured at I.F.M., from the causes and on the date stated above. saw the deceased alive on .12/20 22b. DATE ATTENDING SIGNED Kohentil PHYS. DIRECTOR PHYS, 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) KODERI 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Hagerstown Wash Co Rose will Cemetery 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE NOV 2 1 '61 andres & Thous Andrew K. Coffman Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmiss on) e. COUNTY Page **b.** COUNTY Washington es. Washinghon Maryland MARYLAND I O TO THE LA de corporate l'milis, . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown Maryland life time Hagerstown Maryland. d. NAME OF HOSP TAL OR INSTITUT ON (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Lueral ON A FARM? Washington County Hospital State 218 Jonathan YES NOT 3. NAME OF Middle DATE Yes DECEASED OF (Type or print) Arnold Darnell DEATH after Broadus 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 5. SEX 8. DATE OF BIRTH AGE (In years | IF JNDER | YEAR! IF JNDER 24 HRS шау last birthday) 2, and Months Deys Hours Male Colored WIDOWED DIVORCED CV. YIN. ge 5 n and 2 TOB. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired! pages I none none Hagerstown. Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harris Baker Bertrice D. Broadus. 11 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17, INFORMANT permit. (Yes, no, or unkown) [If yes give war or deles of service] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c),] INTERVAL BETWEEN BIOE <u>,5</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office a burial-h DUE TO removal, Conditions, if eny, which Examiner's (we used as a "pending" geve rise to immediate cause **DUFTO** (e), stating the underlying ö cause lest. (c) cremation, PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICAMON PERFORMED? 28 Medical YES AND should 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, JEnter nature of injury in Part I or Part II of Item 18.) PRIMARY POR CONTRIBUTING xecute the certificate, writing the 1 be forwarded to the Chief MeERAL DIRECTOR: Page 3 should prior to burial, signated agent, prior to burial, CAUSE OF DEATH. 20c. TIME OF INJURY , 708 INJURY OCCURRED 200. PLACE OF INJURY (Home, form, ; 101. (City or jown) Month, Day, Yeer (County) (Stete) While Not While fectory, street, office bldg., etc.) Nanku el work et work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry Undetermined manner death resulted from: Natural causes Accident 4 Suicide | Homicide CHIEF MEDICAL EXAMINER T designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S should NAME (Type) Address (Street, c'ty, town, or county) 220. BURIAL, CREMATION OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, lown, or country) REMOVAL (Specify) OH ò Burial Cemetery Piney Grove 0.4 24b. REGISTRAR VS. A15ME DADEC 5 Circhir S. Thous 5M 7/59



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			13135 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13135
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hours a y the fun and 2 sho	MI)		E. CITY OR TOWN (If outside corporate limits, yer le RURAL and grife frarest town) 2. USUAL RESIDENCE (Where deceased) ved, it institution: Residence before edmission) AND STATE D. CITY OR TOWN (If outside corporate limits, write RURAL and grife frarest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and grife frarest town)
within 24 filled in b Pages 1 a	:1		About 10 ton d. NAME OF HOSP TALOR INSTITUTION In not in HOSPITE, give street address, A STREET ADDRESS ON A FARM? YES NO !!
om papers		3.	NAME OF DECEASED (Type or print) VICIE ANN BROWN DEATH NOV 11 196/
cate be e ian and c ve carbor vent, with		100	SEX .6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D VORCED DO OR COLOR OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D VORCED DO OR COLOR OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D VORCED D O OR COLOR OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D VORCED D O OR COLOR OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D VORCED D O OR COLOR OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D VORCED D O OR COLOR OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D VORCED D O OR COLOR OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D VORCED D O OR COLOR OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D D VORCED D O OR COLOR OF BIRTH 9 AGE (IN yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D D VORCED D O OR COLOR OF BIRTH 9 AGE (IN yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED D D VORCED D O OR COLOR OF BIRTH 9 AGE (IN yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WINDOWS D D VORCED D O OR COLOR OF BIRTH 9 AGE (IN yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WINDOWS D D VORCED D O OR COLOR OF BIRTH 9 AGE (IN yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WINDOWS D D VORCED D O OR COLOR OF BIRTH 9 AGE (IN yeers IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. WINDOWS D D VORCED D OR COLOR OF BIRTH 9 AGE (IN yeers IF UNDER 1 YEAR IF UNDER 24 HRS. WINDOWS D D VORCED D OR COLOR OF BIRTH 9 AGE (IN yeers IF UNDER 1 YEAR IF U
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e law rec nding ph wen sign ial-transit cremation			Conditions, if eny, which are timediate cause (b) CONGESTIVE MEART FAILURE 9 MONTHS
r atte has the e bur rial,			(a), steting the underlying DUE TO (c) Arteriosclerotic heart disease unknown
CIAN urtal o ficate as th to bu		VOLL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED YES 17 NO 17
PHYSI the hosp this central I for use		CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING sined by R: After detached		MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State) Hour a.m. White Not White at work at work at work
ATTE be reference CCTO			21. I certify that (I) (this implies) attended the deceased from 10 - 6 1961, to 1
4 may DIRE 3 shot the Stal			220 SIGNATURE HULLIUS U. Palloyers M.D. PHYS DIRECTOR PHYS STAFF 226. DATE SIGNED
PITA Page CRAIL CRAIL			22c. PHYSICIAN'S NAME (Type) ANTONIO U. PALLACROSI 1500 Pa Ave Hagerstown
dear director be filed		234	Sturial, Cremation, 23b. Date thereof 23c. NAME OF GEMETERY OR CREMATORY 23d. (Scation (Lity, lown or county) (State)
VR A15 (4) 15M 9/60	M.	24	EDERAL DIRECTOR'S SIGNATURE 100/ESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 100/ESS DATE NOV 1 7 '61 Color of 8 House
	1311	1.2	Storfer M. West fallacting Mg, DATE NOV 1 161 Cate of S. Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence balora admission) PLACE OF DEATH a. COUNTY b. COUNTY by the fand 2 s death. Washington

b. CITY OR TOWN (if outside corporate limits, write RURAL and give means) MARYLAND Marvland washing ton ELENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 10 Days Hagerstown E -Pages Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE 111 ON A FARM? 320 No Prospect Martin Menor Nursing Home YES NOTE 3. NAME OF 4. DATE Year DECEASED (Type or print) DEATH CARPER ELIZABETH FRANCES November 26 19 61 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years IF UNDER 1 YEAR) 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) | Months and (Hours Carl 85 WIDOWEDE DIVORCED Apr 1876 Female 10a. USUA, OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? геттоме done during most of working life, even if retired) Winchester Fred Co Val USA Hoysewife Own Home 1 14. MOTHER'S MAIDEN NAME George W. Grubbs Fannie Newcome , 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) (Hyesgivawarordatesofsarvice) Harry E. Osborne 320 No Prospect St None Hagerstown Md. 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY murrhage Knew esophagent Vaciser 30 Hun IMMEDIATE CAUSE (a) signed certificate has been signe r use as the burial-transit DUE TO Conditions, if any, which (b) gava risa to immadiate causa DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY hospital S 42 PERFORMED? 17themiplegia arthurs church of Crehen artemischen due for selis! NO I 200 ACCIDENT WAS LINDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER Ŕ After Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 2Df. (City or town) (County) (Stala) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While While Hour a.m. at work at work DIRECTOR: / p.m. 21. I certify that (I) (this hospital) attended the deceased from MOU. 6......, 1961., to NOU. 26...... 1961., that (I) (we) last DATE 22a. SIGNATURE SIGNED ATTENDING - DIKECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Edward W. Ditto 111, M. D. West Washington St. 23d. LOCATION (City, fown or county) 23s, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial TO I Haven Cemetery Hagerstown Wash Co Md. Rest 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATENOV 2 9 '61 anthur & Kraus 15M 9/60 AndrewK . Coffman Hagers town Md.

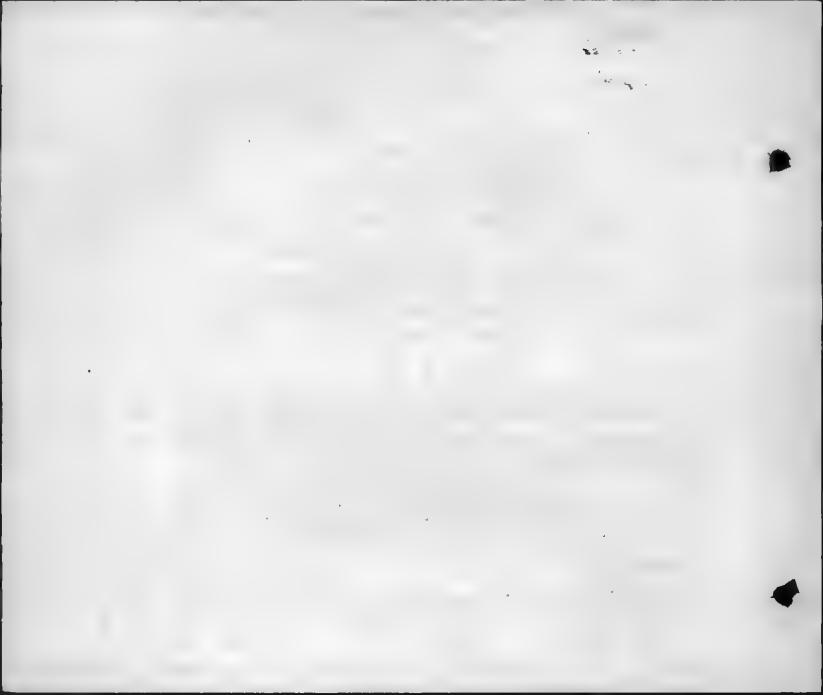
MARYLAND STATE DEPARTMENT OF HEALTH



deoth. Page

within 24 hours

TO HOSPIT



TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be exercised within 24 hours after death gas 4 may be retained by the hospital or altending physician.

TO FU ERAL DIRECTOR: After this certificate has been signed by the attending physician and conducting filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARTL	AND STATE DEPARTMENT OF ME	EALTH
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
13150	CH AND RECORDS, 301 W. PRESTON STI CERTIFICATE OF DEATH	13138

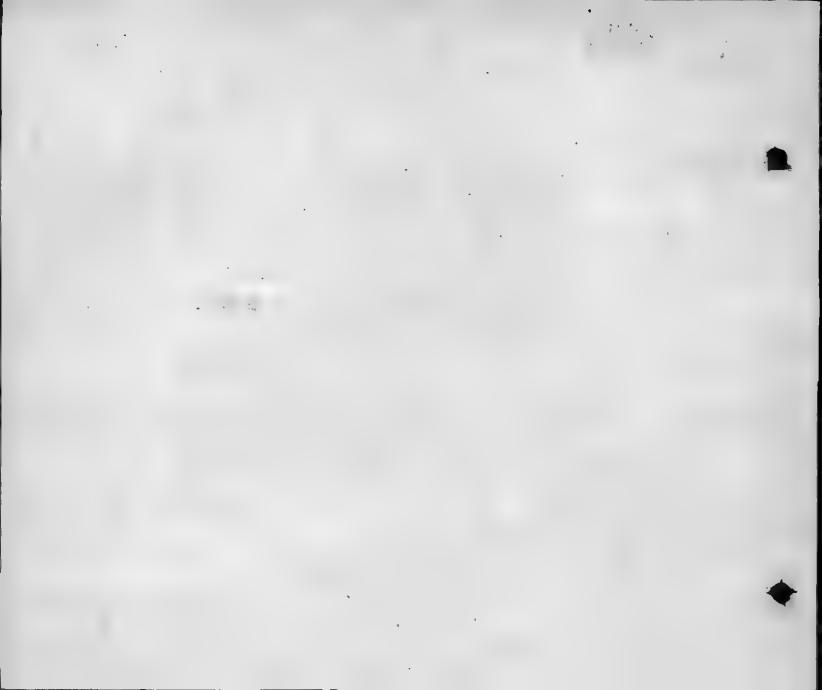
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission)
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	b. CITY OR TOWN lift outside corporate fimilis, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL and give nearest town)	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
6	FAHRNEY- KEEDY MEMORIAL HOME	ON A FARM?
3.	NAME OF First Middle	Last 4. DATE Month Day Year OF
	(Type of print)	ORIBIN DEATH NOVEMBER - 25. 1961
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10		Y, 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Donate M. M. Jack
13.	FATHER'S NAME OWN HOME	14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
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15.	WAS DECEASED EYER IN U.S. ARMED FORCES? 118. SOCIAL SECURITY NO. 17. 1	NFORMANT JORAPY Jodgess AS C
111	ps, no, or unkown) [lifyesgivewarordatesofservice]	1 4100 - 32 ND ROAD , South
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CERTIFICATION	,	PERFORMED?
18	208. ACCIDENT WAS UNDERLYING L. 206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of Item 18.)
1 -	OR CONTRIBUTING ACAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
A SE	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	10-2/ 196/ to 20/ 25 196/, that (I) (we) last
	saw the deceased alive on WV 24 196 , and that	death occured at Mo.M. from the causes and on the date stated above,
	220. SIGNATURE	ATTENDING , MED. STAFF // SIGNED
	Millan	D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d, ADDRESS
	b-whelan	Donnon, med
234	BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY	DR CREMATORY 23d. LOCATION (City, town or county) (State)
	SURIAL NOV-28-1961 WAPPINGER T	ALLS CENIETERY WAPPINGER FALLS N.YI
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE [
	JOONSBORD N	D. DATENOV 2 9 '61 Conting & Harry
The state of the s		,

VR A15 [4] 15M 7/6I



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY b. COUNTY. 후 7 MARYLAND b. CITY OR TOWN (if outside LENGTH OF STAY IN 16 NAME OF HOSPITAL OR INSTITUT ON A FARM? YES NO " NAME OF Middle paper DECEASED (Type or print, DEATH 19 5. SEX COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED and Months Days WIDOWED T DIVORCED physician OCCUPATION (Give kind of work ibb. KIND OF BUS NESS 12. CIT ZEN OF WHAT COUNTRY? most of working life, even if retired) 13. FATHER affending ā TS. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO up(pwn) i (lifyes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per I ne for (a) (b), and (c).] (signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) _ DUE TO Conditions, fany which certificate has been r use as the burial-tra (b) geva rise to immediate cause DUE TO (e), slating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BU WAS ALTOPSY PERFORMED? NO T CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED. (Enterpreture of injury in Part I or Fert II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After this 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (Stete) 20c. TIME OF INJURY Month Day, Year 2Dd. INJURY OCCURRED (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on ... 22b, DATE 22e. SIGNATURE **ATTENDING** SIGNED PHY5. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filed v METERY OR CREMATORY LOCATION Sfate) 238. BURIAN CREMATION, Ciber town or county) 0 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTOR'S SIGNAL VR A15 (4) 15M 9/60

RTMENT OF HEALTH

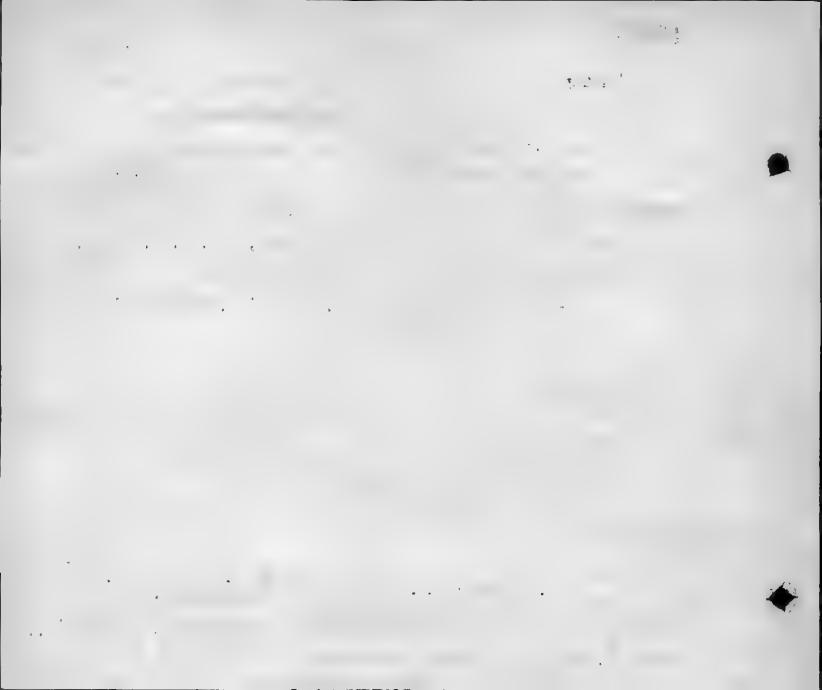


DIVISION OF STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington Washington the state MARYLAND 701 b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) wr to RURAL and give neerest town) Hagerstown " after Hagerstown hrs. d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tar, g ve street address) o. IS RESIDENCE d. STREET ADDRESS hours ON A FARM? Washington Co. Hospital Clearview YES NO F 130 NAME OF DATE Middle Yeer paper DECEASED FONROSE COSEY (Type or print) WISNER DEATH November 1961 within 6. COLOR OR RACE 7, MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months 19,1901 April WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (County & State, or tore on country) 10e. JSUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salesman Hagerstowny. Wash. Co. Md. USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Cosev Catherine Fox Rd. Hagerstown, Md. 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Mrs. Virginia K. Cosev. 18. CAUSE OF DEATH [Enter only one cause per ine for ONSET AND DEATH robuble acute ventricular fibrillation with PART I. DEATH WAS CAUSED BY: IMMITTIATE CAUSE (e) Cur oli ac DUE TO geve rise to immediate ceuse **DUE TO** (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY S 0 PERFORMED? NO U 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) DIRECTOR: After this should be detached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 2-15-, 19-52 to 11-6, 1961, that (I) (wa) last 22b. DATE 22n. SIGNATURE 11:7:61 ATTENDING John JT Hom Cuky DIRECTOR PHYS. 22d, ADDRESS 154 W. Washington St. 22c. PHYSICIAN'S NAME (Type) John H. Hornbaker, M.D. . Hagerstown, Md. 23d. LOCATION (City, town or sounty) Virginia. 236. BURIAL, CREMATION, 1 236. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Edge Hill Cemetery Charles town Jefferson ADDRESS 225. REC'D BY REGISTRAR 225. REGISTRAR'S SIGNATURE Burial 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cirlbury S. Krows 15M 9/60 Andrew K. Coffman, Hagerstown, Maryland

and

physician

MARYLAND STATE DEPARTMENT OF HEALTH



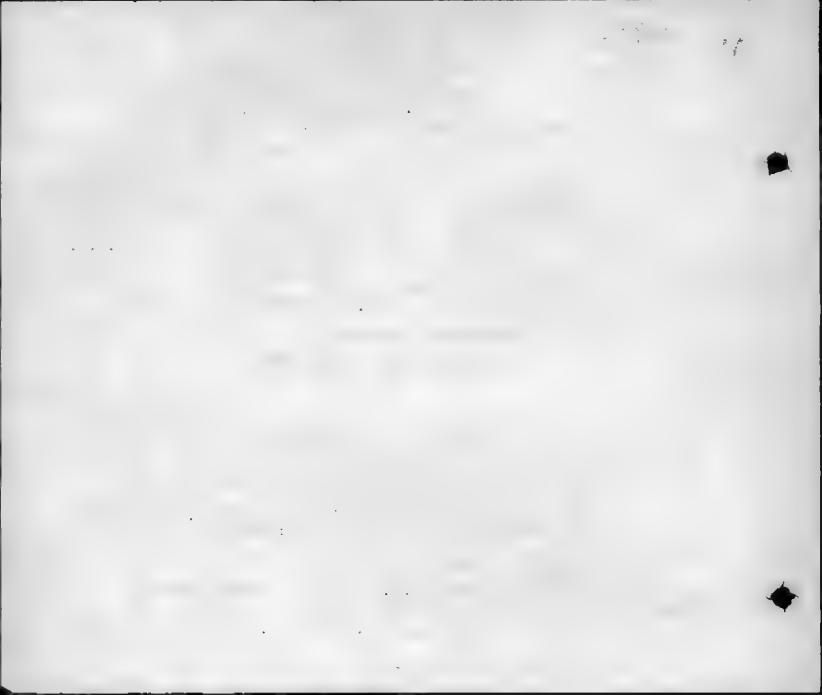
STATISTICAL RESEARCH AND RECO ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed fixed, If institution: Reside e. COUNTY Washington **b.** COUNTY Maryland MARVIAND b, CITY OR TOWN or outs as corporate I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Har of Stown 16 days Thurmont rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS B. IS RESIDENCE Western Maryland State Hospital ON A FARM? RD YES NO. 3. NAME OF 4. DATE DECEASED 196/ (Type or print) DEATH IF UNDER 24 HRS. 9. AGE (In yeers IF UNDER 1 YEAR 7. MARRIED - NEVER MARRIED last birthdey | Months physician 10a. USLAL OCCUPATION (G ve kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) 112, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Fred. Tailoring Maryland Seamstress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please attending Mettie B. Shelton James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURTY NO.) 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Thurmont, Md. RD Dayhoff Eugene A. 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c).] INTERVAL BETWEEN MA OF CERVIX RECURRENT ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? MYDRONEPHROSIS NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (Stella) Month, Day, Year factory, street, office bldg., etc.) Not While While at work at work 11-10 , 1961, that (1) (last 21. I certify that (i) (this bearies) attended the deceased from 10-25-10 1961, and that death occurred at 15th, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED ATTENDING . Tellayron M.D. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) TO FU directe be file 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL_(Specify) Church of Brethern Cem, Rocky Ridge, Md. Burial 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) Thurmont, Md. DAWOV 1 4 '61 15M 9/60 anthur S. Travelle



VR A15 (4) 15M 7/61

	MARTIAND STATE DEPARTMENT OF BI	EALTH
DIVISION OF STA	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
13104	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST CERTIFICATE OF DEATH	12140

- /	_			
	1.	1. FLACE OF DEATH 2. USUAL BESIDENCE (Where deceased hved, If institution; Residence before add a. COUNTY A 3233 ACCURATE COUNTY COU		
	ľ	WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON	
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
		HIA CURA FANGING (Acapest town) 17 YRS.		
			X RURAL HAGERSTOWN	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MARTIN MANOR REST HOME	d. STREFT ADDRESS a. IS RESIDENCE ON A FARM?	
	_ "		RT.#1 CLEAPSPRING YES NO D	
		NAME OF First Middle	Last 4. DATE Month Day Year	
		(Type or print) ELLICE THROCKMORTON	DeFOREST DEATH NOVI ABER 3 1961	
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.	
		FEMALE WIDOWED IX DIVORCED []	5/16/1884 lest birthday) Months Days Hours Min.	
	lΩa	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		
	do	ne during most of working life, even if retirad)		
		HOUSI WIFE HOME	VIRGINIA U.S.A.	
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
)		MASON THROCKMORTON	ANNIF HUMPHRFY	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 s. no. or unknown) (Ifyasgivewarordatasofservice)	THEORMANT ABELLEVUE	
	100	NO NO MR	RS. ELLICE ENYART NI ERASKA	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	
		PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Ventricular Fibri	llation ONSET AND DEATH 5 minut	
		4/20.0) DUE TO		
		Conditions, if any, which \((b) \)	Heart Disease unknown	
		gave rise to immadiata cause		
		(a), stating the undarlying DUE TO		
	_	Cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY	
	ê		PERFORMED?	
	ŏ	None	YES NO X	
	CERTIFICATION	202 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	O (Enter nature of injury in Part L or Part II of Item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	_	
	MEDICAL	5.1	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)	
	WED	Hour a.m. While Not While start at work at work	interpretation of the state of	
		21. I certify that (1) (this hospital) attended the deceased from.	July 19, 19 61 to Nov. 03, 19 61 that (1) (we) last	
		October 30 40-61	death occured at 7.: 3.94P Adm the causes and on the date stated above.	
		22a. SIGNATURE	22b. DATE	
		(/, D. D. I + I	ATTENDING MED. STAFF SGNED	
		22c. PHYSICIAN'S	A.D. PHYS. K DIRECTOR PHYS. 11/04/	
		NAME (Type)Archie Robert Cohen, M.D.	Clear Spring, Maryland	
		. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		
		BURIAL 11/6/61 NITIONAL ME	A. PARK CEM. FALLS CHUPCH VIRGINIA	
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	/	1. T. My secret than be were to	17 DATE NOV 8 161 Circhur S. Kraue	
		The first of the second		





YLAND STATE DEPARTMENT OF HEALTH

Washington

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE ON A FARM? YES X NO

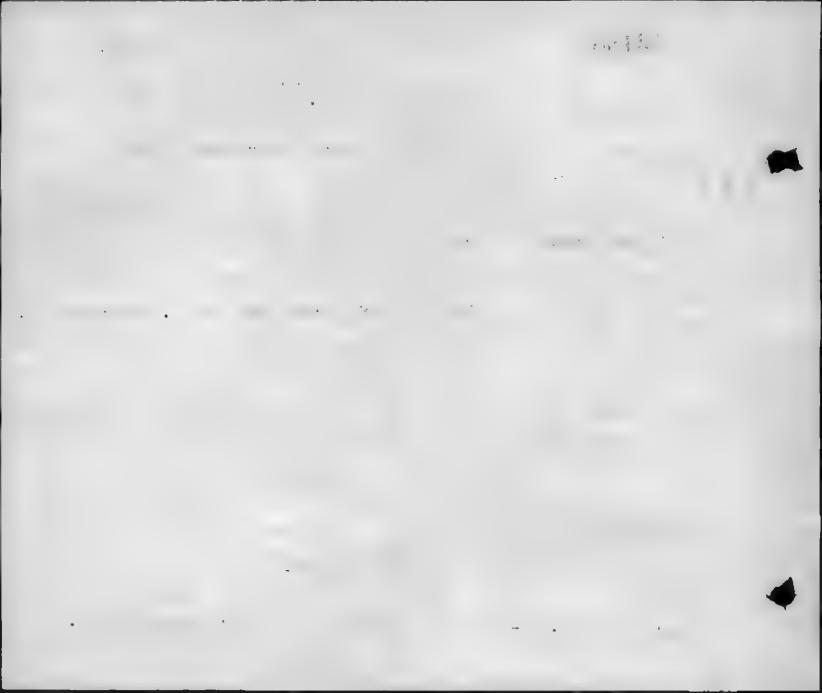
> PERFORMED? NO.

> > (Stete)

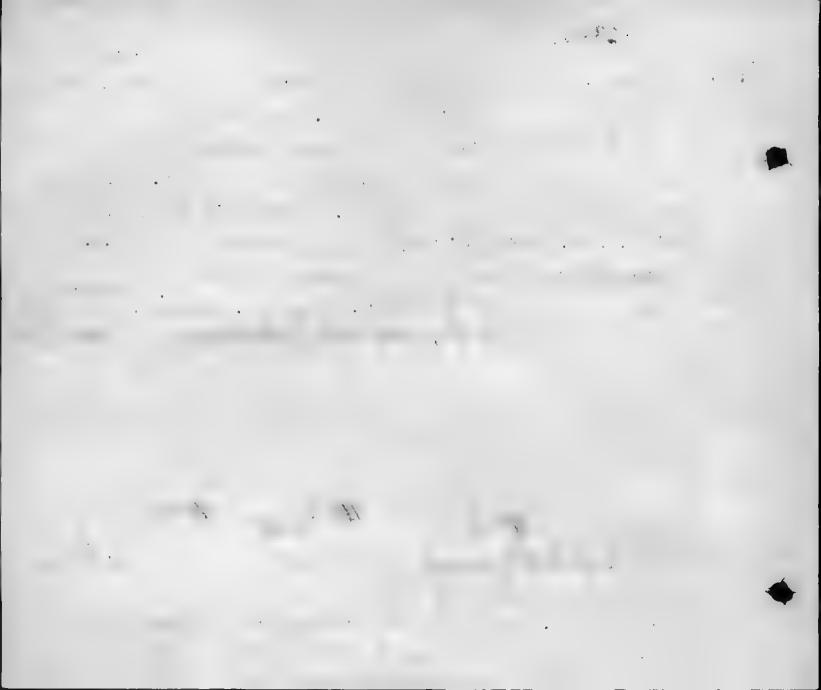
22b. DATE

(County)

15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Residence before edmission) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, a. COUNTY e. STATE b. COUNTY Washington MARYLAND Washington b. CITY OR TOWN (if outside corporete ! mits, c. CITY OR TOWN (If outs'de corporete limits, write RURAL and give neerest town) e. LENGTH OF STAY IN 16 write RURAL and give neerest town) ģ Hagerstown week St. James Village d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS B. IS RESIDENCE ON A FARM? Washington County Hespital Sharpsburg Pike YES NO TY 3. NAME OF Middle Yeer pape DECEASED OF (Type or print) DEATH Leslie 19 61 Frank Earnshaw Nov. 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Hours White Male WIDOWED [DIVORCED 1887 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? B RTHPLACE (County & State or fore gn country) done during most of working ife, even if retirad) Dept Ret'd U.S. Gov. Clerk Agriculture U.S.A Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ple Johnn Francis Earnshaw Glover Rosetta 15. WAS DECEAUL L .. IL S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT James Village (Yes, no, or unkown) | (If yes give war or detas of service) 36 6871 Mrs. Margaret L. Earnshaw Sharpsburg Pike the 18. CAUSE OF DEATH [frier only one cause per PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate coust DUE TO (e), steting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO [20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert Lor Part Lof Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Month, Day, Yaar Not While factory, street, office bldg., etc.) While Hour a.m. et work at work 19 p.m. DIRECTOR 21. I certify that (i) (this hosp in tended the deceased from. .., 19, that (I) (we) last and that death occurred a PMM, from the causes and on the date stated above. saw the deceased alive 22b DATE 22a. SIGNATURA ATTENDING STAFF SIGNED PHYS DIRECTOR PHYS. 22c. PHYSIC AN'S 22d ADDRESS NAME (Type) filed. 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, to-23a. BURIAL, CREMATION, 23b. DATE THEREOF country REMOVAL (Specify) 14-61 Methodist Church Cemetery 乙草品 Nov. Burial 25e. REC'D BY REGISTRAR , 25b. 4. GISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) I VOVIDATINO 15M 9/60



within 24 hours after filled in by the funeral Pages 1 and 2 should TO HOPPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executivithin 24 hours death. See 4 may be retained by the hospital or attending physician. TO FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 see filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 78 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13146

		1. PLACE OF DEATH 2. USUA	L RESIDENCE (Where deceased lived, If institution, Rasidance before admission)
	'	a. COUNTY a. STAT	TE COUNTY
	-4	b. CITY OR TOWN (if outside corporate I m is, c. LENGTH OF STAY IN 16	OR TOWN (III duisida corporate mits, writa RURAL and give neerest town)
		write RURAL and g verteerast town)	OR TOWN (II Julisida corporate mits, write RURAL and give neerest town)
	1	Hundrotom /	Vest hamely (127.2)
1			EET ADDRESS a. IS RESIDENCE
7	1/2	laster 30 1. 1 (1-7- 26 - 1)	ON A FARM?
	1	Mulm manched And Applel	o round ave III NO
1	3.	3. NAME OF First Middle La	est 4, DATE Month Day Year
-1		(Type or print) NEW TON MAURICE EC	KARD DEATH NOV 27 1961
j	5.	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8 DATE OF B	BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
			last birthday) Months Days Hours Min.
	1	male Warle WIDOWED DIVORCED Jan	131812890
		10a. USUAL OCCUPATION IG valk not of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTH done during most of working I fa, even if retired)	IPEACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	4	Lill Star bare	11-11 md
	13.	13. FATHER'S WATER STORY OF THE MANUAL PROPERTY OF THE MANUAL PROPERTY OF THE PARTY	PRIS MA DENINANTA .
			- 19 5
		Jose Report	mue All Moss
	15	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMAN	Address / 8 million
	1	[figd, no, or unkown] (Iliyesgivawarordatesofsarvice)	me luce 1/1/1 me
	i	18. CRUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	of computer, what the made made
		CARTE DEATH WAS CAUSED BY	ONSET AND DEATH
		IMMEDIATE CAUSE (a) LO BULIAN PIYEU	MONIA 2 DAYS_
		16+41 V DUE TO	
	1 1	Conditions, if any, which \ (b) CARCINOMA OF SOFT 1	PRIATE & METALTALL I MONTHS
		gave risa to immediata causa	Went I Chellion was the wind
	1 }	(a), stating the underlying DUE TO	
	iΠ	causa last. (c)	
)	z	PART I. OTHER SIGN FICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
1	ĕ	OTA DE LA CONTRACTION DE LA CO	YES INO
	5	20a, ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature	
	CERTIFICATION	S OR CONTRIBUTING CAUSE OF DEATH	4 or filling the fair 1 of fair it of Fair 45 f
	1 - 1		
	WEDICAL	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY	
	<u> </u>	Hour e.m. While Not While factory, straet, of	mica blog., arc.)
	2		1: - 11-73-11
			4 1961, to 11 _ Z. Z 1961, that (1) (we) last
		saw the deceased alive on	cured at 9.43M, from the causes and on the date stated above.
		22a SIGNATURE	22b, DATE
		Antonio U, Pellagrani MD PHYS	DING MED. STAFF SIGNED
			ADDRESS A
		NAME (TYPE) ANTONIO U. PALLAG BOSI 171	and a series and a
		1/10/10/10/10/10/10/10/10/10/10/10/10/10	
	23a	236. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATE	ORY 23d. LOCATION (City, town or county) (State)
		REMOVAL (Specify)	mele Kingel (anotherent, not
	24	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. RECO BY REGISTRAR 256. REGISTRAR'S SIGNATURE
[24	5. Summer Ille to	
1	1_4	I while I hanned her	DATE NOV 3 0 '61 Cilhar & Kraus



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may 4, Direct by the hospital or ottending physician.

TO FUNE, I DIRECTOR: After this certificate has been signed by the attending physician and campletely fill. By the funeral director page 3 shauld be detached for use as the burial-transil permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after degree.

VR A15 (4) 1SM 9/59 13159

MARYLAND STATE DEPARTMENT OF HEALTH

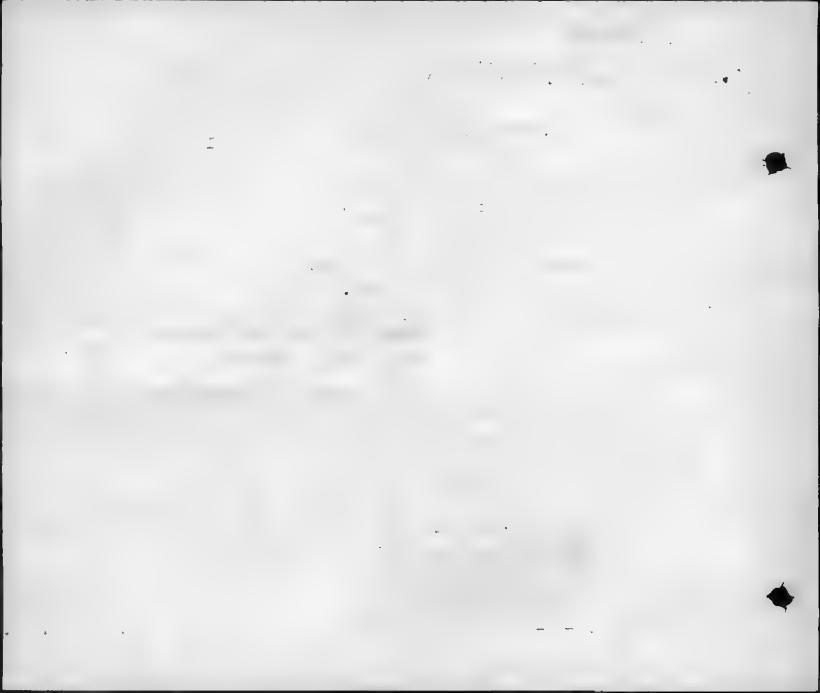
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Hedges

Hedgesvilled Berkele

\ `/		ACCOUNTY. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE est Va
march .	k	D. CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) Hancock	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hedgesville Va
		d. NAME OF HOSPITAL (If not in hospital, give greet address) OR INSTITUTION Hancock Md Main St	d. STREET ADDRESS o IS RESIDENCE ON A FARM? YES NO
)	3. 1	NAME OF DECEASED STREET BYPE OF PRINTING AND ADDRESS MIDDLE STREET MIDDL	Losi 4. Date Month Day Year OF 12 23 61 19
	5 5	Fem 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 1 F UNDER 24 HRS. Manihs Days Haurs Min. 878 2 7
	100	USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUITING most of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	House wife Richard Weed Berkeley Co	Hedgesville W Va U a a la
	15. (Yes	no, or unknown) [If yes, give wor or dates or service]	layton M Canby Hedgesville V
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO Conditions, it any, which gave rise to immediate couse (a), stating the under-lying cause last	Chronic My Cordition INTERVAL BETWEEN ONSET AND DEATH CONCERNO CON
}	TIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING (7) 206. DESCRIBE HOW INJURY OCCURRE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D (Enter nature of injury in Part I or Paly II of item 18)
	MEDICAL CERTIFI		ACE OF INURY (Hame, farm, 20f. (City or town) (County) (State) ctory, street office bldg., etc.)
		22g SIGNATURE	death occurred atM, from the causes and an the date stated abaveMD. ATTENDING:MED_ DIRECTOR PHYS
	23a	REMOVAL (Specify)	R CREMATORY 23d LOCATION (City, fawn, or county) (Stote) emetery Hedgesville Rt. # 2 W Va
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS TOWARD K Brown Martinslusia	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm.ssion) e. COUNTY b. COUNTY Washington MARYLAND b. CITY OR TOWN if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL end give nearest town) write RURAL and giva neerast town) Kaaert own Haaerstown .⊑ Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, a ve street eddrass) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Washington County Hospital 1127 Security YES NO X NAME OF DECEASED Park compi eg, (Type or print) DEATH Nov. 19 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In yaers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED last birthday) Hours Male May 12, 1903 30a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 940 done during most of warking life, even if retired) Hoist Operator Cement Mita. Frederick Co.Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Susan Beard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) (If yas giva war or dates of sarvica) 1127 Sec urity Rd Hagerstown Md. Mrs. Keno No 18. CAUSE OF DEATH lEnter only one cause per line for (a). (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to immediata cause DUE TO (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, Enter neture of injury in Pert II or Pert II of Item 18.) 2De, PLACE OF INJURY (Homa, farm 20f. (City or town) 2De. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stata) Month, Day, Yeer factory, street, office bldg., atc.) While Not While at work et work 1913, to 1277, 21, 19 6 (that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Inc. and that death occured a la control the causes and on the date stated above. saw the deceased alive on ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W. Washington St. director, be filed NAME OF CEMETERY OR CREMATORY 23e, SURIAL, CREMATION, 23b. REMOVAL (Spacify) 10 Hagerstown Burral 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S S.GNATURE ADDRESS VR A15 (4) Rest Haven Funeral Chanel Hagerstown, I'ld. DATE MOV 2 9 '61 arthur S. Kraus 15M 9/60 We G Howh



death. Let may be retained by the hospital or aftending physician.

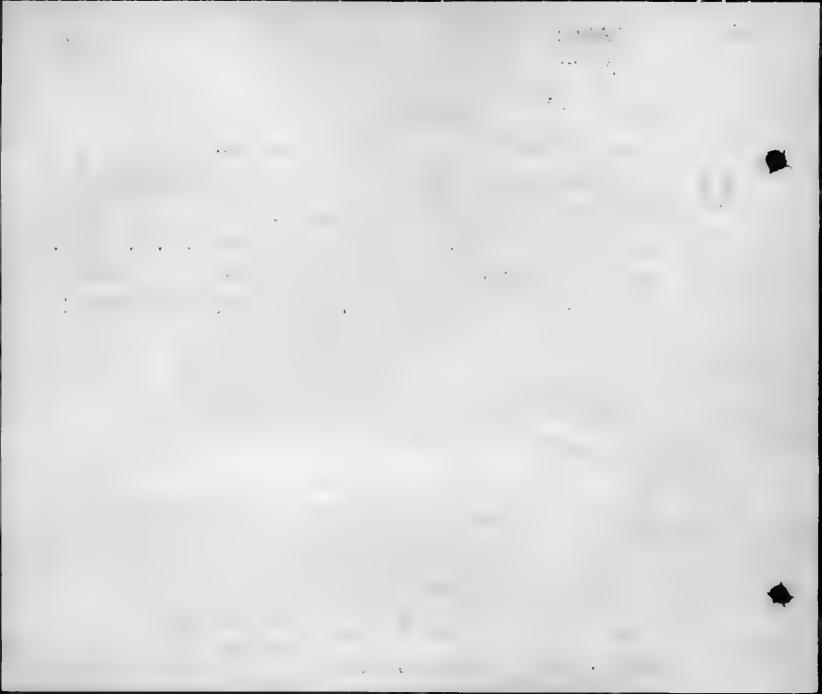
TO FUNDARL DIRECTOR. After this certificate has been signed by the attending physician and complete filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Let 4 may be retained by the hospital or attending physician.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 13149

I _					LOA II
1.	PLACE OF DEATH		11	(Where deceased lived, If institutions R	tesidence before edmission)
П	Washington	MARYLAND	a. STATE Ma.rv	land b. COUNTY Was	shington
-	b. CITY OR TOWN (if outs'de corporate limits,	c. LENGTH OF STAY IN 16	ij	uts'de corporete fimits, wr'te RURAL end	
1	write RURAL and give nearest town)				
1_	Boonesboro	8 Months		rstown	** ************************************
П	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	ofte , give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Reeder Nursing Home		609 Salem	Ave.	YES NOT
3.	NAME OF First DECEASED	Middle	Last 4	. DATE Month	Day Year
Ŋ	(Type or print) MARY ELLEN	FEISER		DEATH November 2	38 1961
- <u>-</u> 5	SEX 6. COLOR OR RACE 7, MARRIE		, DATE OF BRTH	19. AGE (In years) IF UNDER 1	
	7			lest birthday) Months !	Days Hours Min.
-	Female White who were		october 15,1	879 82 yrs.	
1	Da. USUAL OCCUPATION (G've kind of work 10b. KI one during most of working life, even if retired)	NO OF BUSINESS OR INDUSTR	RY 11, B RTHPLACE (County	& Stafe, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
	Housewife 0	wn Home	Williamspo	rt, Wash. Co. Md.	USA.
13	. FATHER'S NAME		I 14. MOTHER'S MAIDEN NA		
	SACOB H. PITSKOGI	E	ANNIE (ROSSARD) PITSA	10GLE
15	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (es, no, or unkown) (Ifyesgivewarordatesofservice)	SOCIAL SECURITY NO. 17.	INFORMANT	Hagerstown, Mar	vland.
1	No -	l l	rs. Merle Fe	iser, Lincolnshi	re Dr.
=	18. CAUSE OF DEATH lEnter only one cause par				I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Muchon	e 50	asu to	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	and my			< 4 Gours
	DUE TO IA	to select.	c Leant	Time	Year
		1 condent	c herry	11,000	l'ary-
	gave rise to immediate cause (a), stating the underlying DUE TO				!
	cause last.				
Z		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	DISEASE CONDITION GIVEN IN PART	1(a), 19. WAS AUTOPSY
CATION					PERFORMED?
		CRIBE HOW INJURY OCCURED). (Enter nature of 'noury in Per	I L or Part II of Tam 18.)	1.00
CERTIF	OR CONTRIBUTING CAUSE OF DEATH	DAILE HOSS TOOKS OCCURE	, (cine: notate of tipe:)	, , , , , , , , , , , , , , , , , , , ,	
13	20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Home, farm,	20f. (City or town) (Cou	nty) (Stete)
MEDICAL	Hour e.m. While		tory, straet, office bldg., etc.)		
*	Patti 17		A1-1	EN IVELLOR IS	(1
	21. I certify that (I) (this hospital) attend	ied the deceased from.	-	61, to 1000 28 , 19	, , , , ,
	saw the deceased alive on	19.51, and that	death occured at	.M, from the causes and on t	
	220. SIGNATURE	Maya	ATTENDING MED	o. STAFF	22b, DATE SIGNED
	A Aferena-	N		CTOR PHYS.	1- 28.1961
Н	22c. PHYSICIAN'S	3 n Di	22d. ADDRESS	2 - 41	
Н	NAME (Type) JOSE PH SEC	NARI	20015	BORD HOL.	
2	Ba. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or count	y) (Stete)
	Burial 18/1/61	Rest Haver	Cemetery	Hagerstown, Ma	arvland/
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC'D	BY REGISTRAR 25b. REGISTRAR'S	SICHATURE
		***	DEC		, FIXMAN
	Andrew K. Coffman Ha	ceretown Mar	ryland bar		



PRESTON STREET, BALTIMORE 1, WARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidence before admission) **■ COUNTY** b. COUNTY by the and 2 death. MAIRULAND WASHINGTORY.

C CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) WASHINGTON b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 write RURAL and give nearest town) CROVE HACIERSTOWN 24HOUIS

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, q vo street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO DATE Year DECEASED OF 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Days (Type or print) 19 6 / IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH **NEVER MARRIED** WIDOWED DIVORCED DOWED DIVORCED NOVE 8 State, or foreign country) USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) IS SID HOUSE NAME FE .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ፙ (Yes, no, or unkown) ((fives give wer or detes of service) KEEDYSVILLE MD. K.I NONE CAUSE OF DEATH [Enter only one cause per line for (e), ib), and icl.] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: suz IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause **DUE TO** (e), steting the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILB] 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO G 200 ACC DENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of stem 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) [County] (Steta) Month, Day, Yeer fectory, street, office bldg., etc.) While Not While at work at work to 11 - 5 19.51, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 10-12. 5. 19.5.1, and that death occurred at P.M. from the causes and on the date stated above. saw the deceased alive on., 22b. DATE 27e. SIGNATURE ATTENDING PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN S SECONDARI BURIAL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) MEMOVAL (Specify) CEMETERY 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 ,4] 15M 7 6I NSBORD arthur S. Thrace

physician

attending

signed by

has

may be retained DIRECTOR: Af

O

DEPARTMENT OF HEALTH

	1		MARYLAND STATE DEPARTMENT OF HEALTH
	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH.
red fer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	W)	10100 / Items 1 & 2 11th 6300 11710/61 1WK
	d 2 should	Y	1. PLACE OF DEATH a. COUNTY B. COUNTY MARYLAND D. CITY OR DOWN if outside corporate limits, C. LENGTH OF STAY IN 16 C. CITY OR TOWN (Lautside corporate limits, write RURAL and give nearest town)
hin 24 ed in by	Pages 1 an	7 3	To shirt of Hospita. Or institution (if not in horough a created address) d. NAME OF HOSPITA. OR INSTITUTION (if not in horough), give street address) d. STREET ADDRESS a. IS RESIDENCE
thed will	pers. Pag 2 hours	10	ON A FARM? YES NO DAY North Day Yes North
STEED S	on pa		(Type or print) COUNT LOUIS OF BIRTH 1965 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
cate be	ve cart		WIDOWED DIVORCED J -20-1877 Jast birliday) Months Days Hours Min. 10a USCAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, prioreigh country) 12. CITIZEN OF WHAT COUNTRY
certific			done during mast of working I fe, even if retired) 13. FATHER'S NAME 14. MOTHER'S NAME 14. MOTHER'S NAME
e death	and ii	(I)	Jaske C Jarmer James James James James James James James James
that the n. the att	it. The		(Yes no for unrown) (Ilyes give war or dates of service) The CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), i) The Sause of DEATH (Enter only one cause per line for (e), (b), end (c), i)
physicia physicia	nsit permi		PART I. DEATH WAS CAUSED BY. Hypulenuve cardea Vissular Dicesse. ONSET AND DEATH IMMEDIATE CAUSE (6) Hypulenuve cardea Vissular Dicesse.
The law	urial-tra		Conditions, if any, which gave rise to immediate cause (e), stating the underlying DJE TO
IAN:	as the b	Λ	COUSD Tast. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
SIC	use a	U	YES NO [
the the	ed for ealth p		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SINDING SINE	detach		Hour a.m. While Not While fectory, street, office bldg., etc.] p.m. 19 at work at work
ATTE	ould be		21 I certify that (I) (this hospital) attended the deceased from June 1967. The property of the deceased alive on 1961., and that death occurred his limit, from the causes and on the date stated above
AL OF	ge 3 sh h the Si		220. SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. 226. DATE SIGNET PHYS. 227. PHYSIC AN'S 228. DATE DIRECTOR PHYS. 228. DATE 229. DATE 220.
I	ctor, pa	.1	NAME (Type) G. W. Lelan Joonsbow, Fuel
H F		0	REMOVAL (Soperfy) 11-13-61 Pile Creek Was Union town Mid
YR /	A15 4) L 7 61	Sel.	24 FUNERAT DIRECTOR'S SIGNATURE ADDRESS MUON Bridge DATHON 1 4 '61 Christon & times



MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4)

15M 9/60

DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 9 Film GSUL 11/24/61 - iwk 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY **b.** COUNTY Washington MARYLAND Maryland Washington C. CITY OF TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN if outside corporate l'mits, " LENGTH OF STAY N 16 write RURAL and give neerest town! Hegerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Yra d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Garlock Nursing Home 1023 View St YES NO TE 3. NAME OF Middle 4. DATE Month DECEASED OF DEATHNOVember (Type or print) (NMN) JACK 19 196119 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE IN YOUR IT NOER I YEAR IF JNDER 24 HRS. lest birthday) Months Days Hours WIDOWED DIVORCED Nov 1898 Ma.l e 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Owner-Operator 13. FATHER'S NAME McKeesport 14. MOTHER'S MAIDEN NAME USA Allaganey Co News Agency David Greenwald Anna Friedman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Yes Melvin Greenwald 919 Rolling Road 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 12 20 300 po-114 4 hrs IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediate ceuse DUE TO (a), stating the underlying ceuse lest. TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(a) 1 19. ATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) (State) factory, street, offica bldg., atc.) While Not While at work at work 1953 to HOV - 19 196 1, that (1) (we) last 21. I certify that (I) (this bospital) attended the deceased from F.S.h. saw the deceased alive on ... N. V. 22e. SIGNATURE 226. DATE ATTENDING SIGNED STAFF X DIRECTOR PHYS. PHYS. 22c. PHYS CLAM'S 22d, ADDRESS NAME (Ty) oto LOCATION (City, town or Folinty 23a, BURIAL, CREMATION, | 23b. OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) BRAHAM COMETERY - HACETESTEUN, MARYLAND Buria 25a. REC'D BY REGISTRAR , 256. REGISTRAR S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE NOV 2 1 Circher S. House Andrew K. Coffman Hagerstown Md.



TO DEPUTA MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the refilence, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral flector. Page 4 should be forword to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you. ar removol.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1

1. PLACE OF DEATH, o. COUNTY	Institution: Residence before admission)				
o. COUNTY Washington MARYLAND G. STATE Penna, b. CO	ountr Frankly				
b. GITY OR TOWN (If outside corporate limit, write RURAL c. LENGTH OF STAY IN 1b c. CURFOR TOWN (If outside corporate limits,	write RURAL and give nearest town)				
Hagerstown 6+ 4m. Green castle	7: 3:				
MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE				
Garlock Memorial Conv. Hospital 17 & Carlisle	ST VES NO DE				
3. NAME OF DECEASED OF A PRINT OF A PARTE OF	Month Day Year				
(Type or print) CLARA E, MADE, DEATH NO	DV 27 1961				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In you load binded)					
1- WIDOWED DIVORCED 3/1/1868 93	yrs. Months Days Hours Min.				
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ducing most of working hip, even if retired)	12. CITIZEN OF WHAT COUNTRY?				
Nouse Keeper Home trederick Co., 11	1d, 4,0,71.				
13. FATHER'S NAME, 14. MOTHER'S MAIDEN NAME	A Secretary of				
Jacob W. heatherman Emeline Cikas	S				
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4/2 Ac	you potamac				
10 - Ker L. Fury Hag	orstown md				
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General 17-teriosclerosis and A.	-terio-				
450 A DUETO					
conditions. If any, which 1015elerotic Hezi-+ Disesse wit	4 20 V25				
gove rise to immediate cause (a), stating the underlying DUE TO					
couse lost. (c) Sur //Y					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION					
3 Intertrochantoric Fracture of Right hip (Feu	PERFORMED?				
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING (Table) CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (Tabled over foot of bed and fell t	6/				
	0 7/00 1-				
S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 120f. (City or town) Hours o. m. White Not white	(County) (Slote)				
Hours o. m. 6/14/196/ While Not while Garlock Hospital Hayers	town wash Md				
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection	Inquiry And find that				
deoth resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermin	ed cause .				
C 0.5081	DAW MALE				
SIGNATURE CLU OLL . A 1840 III M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED				
EXAMINER'S Edward W. Ditto III. H. D. ACT PRINT HEDICAL EXAMINER	11/82/61				
Examiner's Edward W. Ditto III, H. D. Act DEPUTY MEDICAL EXAMINER					
220. BURIAN CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, IN REMICIAL (Specify)	own, or caunty) (State)				
B. Missipi Caur Acci (Green	icasta pa				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE				
a. Mennich - Frencasto Pa. DATE 10V 3 0 '61	C mis S. Teneral				



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13155

N	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admiss on)
	Washington Maryland Washington
	b. CITY OR TOWN, if outside corporate I m is, c. LENGTH OF STAY N Ib CITY OR TOWN (if outs'de corporate limits, write RURAL and give necrest town)
	write RURAL and give necrest town) Hagers town 12 Hrs Hagers town
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS , a. 15 RESIDENCE
,	Wash County respital 917 So Potomac at YES NOX
ason "	3. NAME OF 11 first Middle Lest 4. DATE Month Day Yeer
-	(Type or print) MARY CATHERINE HEIST OF DEATH NOV 22 1961 19
	5. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED KK DIVORCED July 11 1887 74 yrs. Months Deys Hours Min.
	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Packer Hag Rubber Co Hagerstown Wash Co Md. USA
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	David S. Fisher Ann J. Alexander
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC. AL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewarordelesofsarvice) No 214-09-7734 Julian Saunders 917 Sp Potomac st
	18. CAUSE OF DEATH [Enter on y one cause per ne for (e), (b) and (c).]
	PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cardiac Standstill ONSET AND DEATH
	42010 DUE TO
	Conditions, if eny, which) (b) Posterior Myocardial Infarction
	geve rise to immediate cause DUE TO
	cause last. (c) Arteriosclerotic Heart Disease
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?
	Thrombosis of Middle Cerebral Artery
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (a) 19. WAS JOERLY NG STORY OF STATE
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour s.m. While Not While et work et work et work
	Hour s.m. While Not While set work 19 19 19 19 19 19 19 1
	21.] certify that (I) [IDEX DESS DEN attended the deceased from
	saw the deceased alive on
	22e. SIGNATURE 22b. DATE STAFF 22b. DATE SIGNED
	Edward Har f. le. flacefortours. 1 DIRECTOR 1 PHYS. 1/23/4/
	22c. PHYSICIAN'S NAME (Type) John C. Stauffer. M.D. 145 S. Prospect St. Hagerstown. Md.
	REMOVAL (Specify)
	Burial 11/24/61 Rose Hill Cemetery Hagerstown Wash Co Md
1	NOV 2 4 '61 0 71 - 0 4
1	Andrew K. Coffman Hagerstown Md. DATE HOTE 2. Thank

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm isson) a. COUNTY **b.** COUNTY V. ASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 YRS. HAGERSTOLN d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 901 WOODLAND WAY 901 WOUDLAND YES NO TO 3. NAME OF DECEASED OF LAUGHTY DUVALT. [Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR UNDER 24 HRS last birthday) Months Hours FEMALE WIDOWED DIVORCED [10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 11. BIRTHPLACE (County & State, or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOME MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM D. MIDDLEKAUFF ANNA PIPER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Add HAGERSTOWN (Yes, ng. or unkown) (lifyesgiva werordates of service) MR. JOHN S. HOLLYDAY 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Indefinite immediate cause (oCerebral_hemorrhage "Hypertensive vascular disease 10 yr. geve rise to immediate cause DUE TO (a), stehng the underlying PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY GERTIFICATION PERFORMED? NO K 208 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury to Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (County) factory, straat, office bidg., etc.) Not While Hour a.m. et work at work the deceased from Jan 5 19.51 saw the deceased alive on Oct. 22b. DATE 22e 5 GNATURE ATTENDING DIRECTOR PHYS. 22c PHYSICIAN'S West Washington Street Hagerstown, Md. NAME (Type) 234. BURIAL CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOYAL (Specify) FUNKSTOWN 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DAOY 2 8 '61 William & Three

and

VR A15 (4) 15M 7 61



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0	13169 CERTIFICATE OF DEATH
1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before a dmission) 6. COUNTY 8. STATE b. COUNTY
L)	AXXXXXAN WASHINGTON MARYLAND MARYLAND ALLEGANY
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest fown)
11	HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	WESTERN MARYLAND STATE HOSPITAL Z 93 HENDERSON AVE. NAME OF First Month Day Year
	(Type of print) Campbell Cethur Hook 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED April 14, 1889 T2 yrs. Months Deys Hours Min.
	TOB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) LABORER RAILROAD W. VA. USA
	13. FATHER'S NAME
	J. SAMUEL HOOK ANNA MCCARTY
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [lifyasgivewerordetesofservice] A OF WHAT 1636]
	NO RHODA HOOK CUMBERLAND, MD.
	PART I. DEATH WAS CAUSED BY: LO Gular Phennonia ONSET AND DEATH ONE WEEK
_	Conditions, of Pany, and change of the course of the course less, seeing the underlying course lest, (c) Conditions, of Pany, and change of the course course lest, (b) Conditions, of Pany, and change of the course lest, (c) DUE TO Conditions, of Pany, and change of the course lest, (c)
(PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	20e. ACC DENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert I or Pert II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Yeer 2Dd. IN.JRY OCCURRED 2De PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) Hour s.m. While Not While factory, street, office bldg., etc.) p.m. 19 et work et work
	21. I certify that (I) (this hospital) attended the deceased from NOV: 8, 1961, to NOV: 28., 1961, that (I) (we) last
	saw the deceased alive on. N.O. V. 3. 8 / 1961 ., and that death occurred and from the causes and on the date stated above.
	220 S GNATURE Houng & Chund. ATTENDING MED DIRECTOR PHYS. X NOV. 28. 1961
1	(22c PHYSICIAN'S NAME (Type) YOUNG E. CHUN 22d ADDRESS Western maryland State Hespital Hagerstown, maryland
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown of county) (State) BURIAL NOV. 30, 1961 HILLCREST BURIAL PARK CUMBERLAND, MD.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE
	BYRON KIGHT CUMBERLAND, MD. DATE NOV 3 0 '61 Linux A. France



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1. DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE OF DEATH funeral should . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, if institutions Residence before edmission) a. COUNTY a. STATE **b.** COUNTY in by the f s 1 and 2 s ter death. Washington Maryland Maryland Washington

c. C.TY OR TOWN (f outside corporate I'm Is, write RJRAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give neerest town) Sharosburg Yrg A STREET ADDRESS filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) . IS RESIDENCE ON A FARM? hours 225 Chaplin St 225 Chaplin st YES NO 3. NAME OF 4. DATE compler Midd e Month Year DECEASED OF (Type or print) DEATH SUSAN CATHERINE Nov 1 1961 19 Poll ¥ith 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years HE JNDER 1 YEAR) IF UNDER 24 HRS. carbo last birthdey) Months Days Hours White DIVORCED 1883 remale WIDOWEDTT Aug 6 physician TOa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore Occupity) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home Wavnesboro Franklin Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Calvin Katherine L. Harbaugh Miner ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyes give werordelas of service) Anwilda Scott 225 Chaplin St the 1B. CAUSE OF DEATH [Enter on y one cause per line for (e), (b), and (c) INTERVAL BETWEEN Sharpsburg Md. á ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), sleting the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY certificate CERTIFICATION PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) After this Immchmd for MEDICAL Ď, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Day, Year factory, streat, office bldg., etc.) Not While Hour a.m. at work et work DIRECTOR ₻ <u>8</u> attended the deceased from . . that (I) (we) last 21. | certify that (I) (this bospital Purk I, and that death occured/at......M, from the causes and on the date stated above. saw the deceased alive on ATTENDING MED DIRECTOR PHYS PHYS. M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) rector, NAME OF CEMETERY OR 23a, BURIAL, CREMATION, 23b. DATE THEREO! **EREMATORY**

23c.

Andrew K. Coffman Hagerstown Md.

25a.

DATE

REC'D BY

NO

[Stefe]

SIGNED

(Stete)

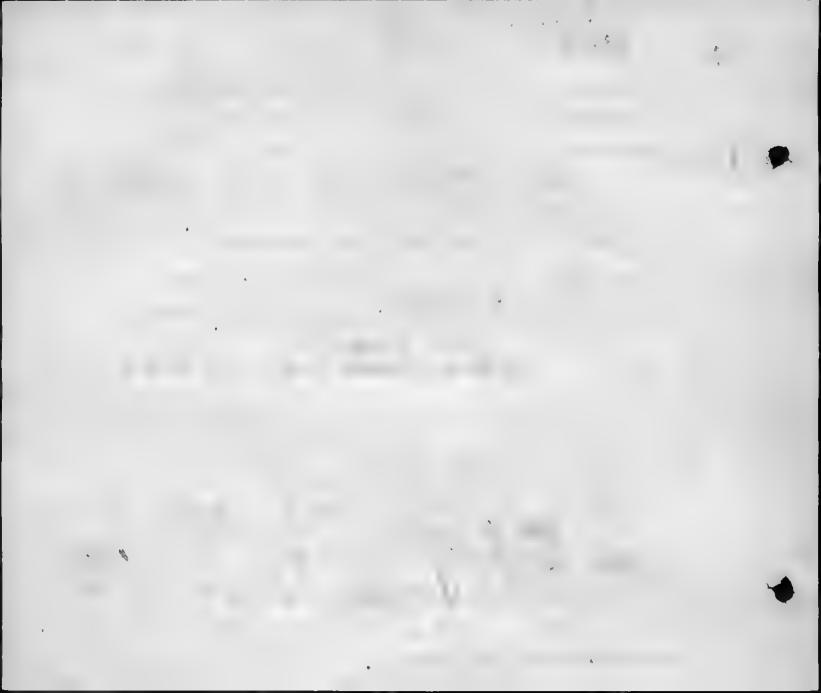
25b. REGISTRAR'S SIGNATURE

Orthur & Krous

0:53 VR A15 (4) 15M 9/60

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE



TON STREET, BALTIMÕRE 1. MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) OMA a. COUNTY b. COUNTY 0 by the b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) MARYLAND WASHINGTON
C. CITY OR TOWN (If outside corporate limits, write RJRAL and give neerest town) MERYLEND خ POL c. LENGTH OF STAY IN 1b NAME OF HOSPITAL OR INSTITUTION (II not In hospitel, give street address) JOOMS BORD KURAL Pages IS RESIDENCE ON A FARM? YES X NO OONSBOIZE MIDE paped DECEASED OF (Type or print) DEATH 1961 NOVEM BE 12. 30 19 61

AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min. carbon 7. MARRIED NEVER MARRIED WIDOWEDV DIVORCED T 19 YES. TEMALE WHITE 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) MTI ENA WASH CO MO. HOUSE WIFE DWN HOME and in 15. WAS DECEASED EVER IN U.S ARMED PORCES 16. SOC OLIS EMMA
16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yes, no, or unknwn) | (If yes give we cordetes of service) BOONSBOIZO MD. R.Z THE CAUSE OF DEATH len'er only one cause pastine for (a), (b), end (c)) PART ., DEATH WAS CAUSED BY: detached for use as the burial-transit DUE TO gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO/THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS Y CERTIFICATION PERFORMED? 20a, ACCIDENT WAS UNDERLYING [] 20p. DESCRI DESCRIBETION FUURY OCCURED. [Enter neture of injury in Port I or Port II of tom 18) NO OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) Month, Day, Year factory, street, office bidg., etc.) While Not While Hour n.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1 saw the deceased alive 22e. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. director, page be filed with t PH SICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) DOONSBORD _ WASH . CO. MID. REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE DEC 1 3 '61 C. Lung S. Kraus

filled in by

сотрів

and

physician

attending

DIRECTOR: After this certificate has been

TO FUNDARL



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before adm.ssion) a. COUNTY a. STATE b. COUNTY 12 th b. CITY OR TOWN (if outside corporate limits, MARYLAND WHSHINGTON MARYLAND WHSHING TON

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and c. LENGTH OF STAY IN 15 β write RURAL and give nearest town) hours after KUKAL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Pages MAPLE VILLE KOAD DOONS BORD papers. 3. NAME OF Middie DATE Month comple OF (Type or print) DEATH within NOVEMBER 20 196/ AGE (In years | IF UNDER 24 HRS. and con 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED 7. MARRIED last birthday) Months 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOWED DIVORCED physician remove 11. BRIHPLACE (County & State, or fore gn country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? FRUIT HARMIEIL MEAR DOENSIBORD MASH. CO. MID. U.S.A please attending (Yes, no, or unkown) ! (If yes give war or dates of service) DOONSBORD MD.R.Z 18. CAUSE OF DEATH [Enter only one cause per ò PART I. DEATH WAS CAUSED BY: has been gave rise to immediate cause DUE TO (a), stating the underlying the 6 certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6): 19, WAS AUTOPSY NOL CERTIFICA 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enler neture of injury in Pert I or Pert II of item 18.) the OR CONTRIBUTING | CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER After 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc.) Not While WED Hour a.m. et work et work DIRECTOR: hospital) attended the deceased from..... saw the deceased ATTENDING DIRECTOR PHYS PHY5. TO FUNERAL MP. HHYSICIAN'S 22d. ADDRES NAME (Type) director, I be filed v NAME OF CEMETERY OR CREMATORY LOCATION (City, lown or 23a, BURIAL, CREMATION, REMOVAL (Specify) BORD 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 [4] 24 FUNERAL DIRECTOR'S

OONS BORD

DATE NOV 2 2 '61

e. IS RESIDENCE ON A FARM? YES NO

196/

Hours

Sun L

PERFORMED?

(State)

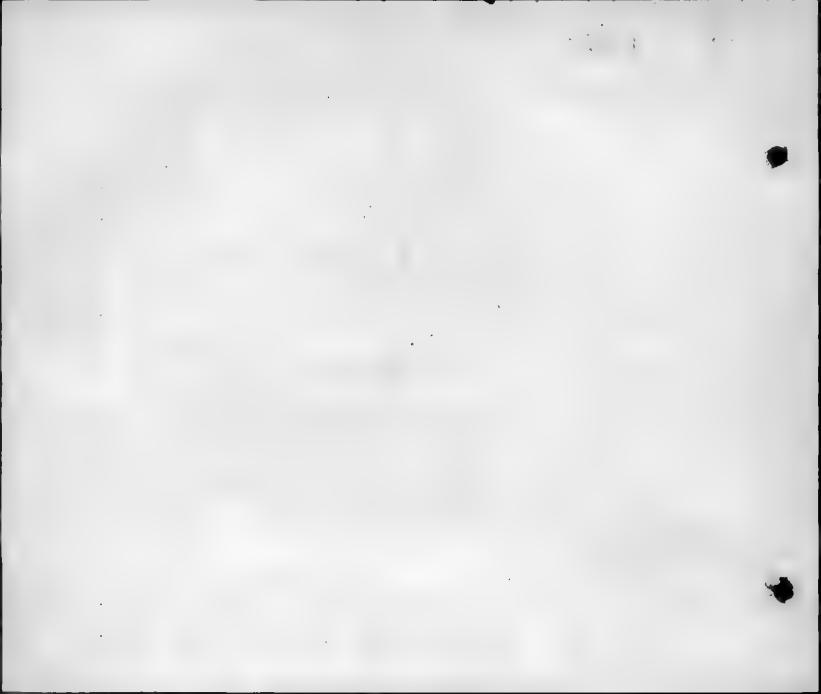
22b. DATE

(State)

Chains & Thomas

SIGNED

Days



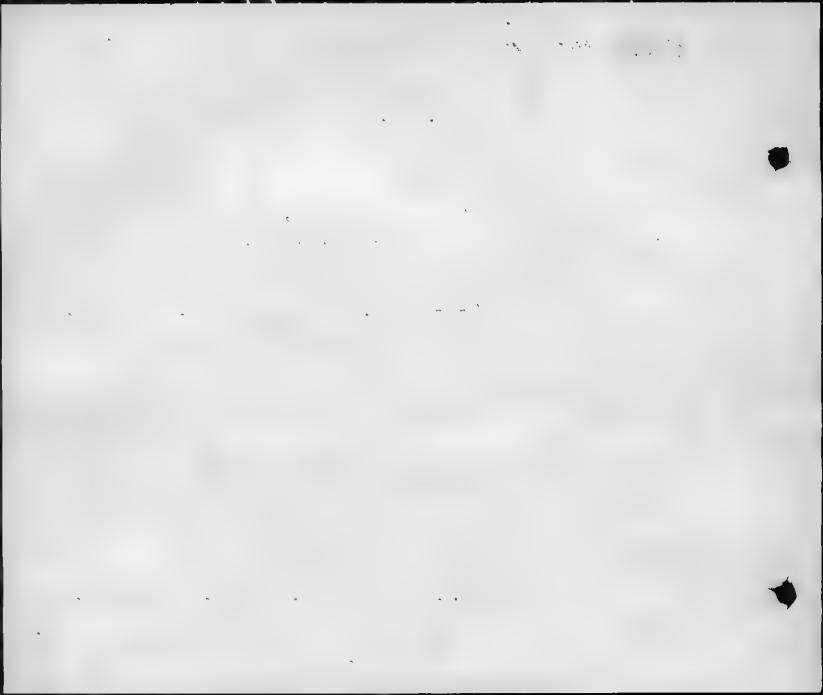
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should . PLACE OF DEATH a. COUNTY Maryland the d 2 sath. Washington MARYLAND b. CITY OR TOWN (if outside corporate lim'ls, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown! Hagerstown Hagerstown Life d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospital, give street address) d STREET ADDRESS Washington County Hospital 210 Alexander Street NAME OF Midd a DATE Month paper comple DECEASED (Typa or print) ROY PRESTON JACOBS DEATH and cor with 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED last birthday) White Male WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work IDS. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Retired Baker Fairchild Aircraft Tillghmanton, Md. attending ph 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin F. Jacobs Lida Wade 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (If yas give war or datas of sarvica) Mrs. Cecil Jacobs 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to Immadiate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, Month, Day, Year 2DI. (City or town) While Not While factory, streat, office bldg., atc.) Hour a.m. at work at work D.M. saw the deceased alive on. 22a. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

USUAL RESIDENCE (Where deceased lived, If institution: Residence before b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES [NO DE Dav Yaar November 1.6 19 61 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? U-S-A-Hagerstown, Maryland INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? NO (County) (Stata) SIGNED 23d. LOCATION (City, town or county) direct be file (Stata) REMOVAL (Specify) Rase Hill Cemetery Burial Hagerstown Maryland PON PEOP NA REGISTRAR 256, REGISTRAR'S SIGNATURE **ADDRESS** Suter -Houzer Funeral Home Hagerstown, Md. DATE

deat 0 VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b, COUNTY Washington Washington 12 th MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Williamsport Rural Haaerstown d. NAME OF HOSPITAL OR INSTITUTION lif not in hospital, give street address d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Williamsport Sanitarium NO K 3. NAME OF 4. DATE Yaar DECEASED Nathaniel. (Typa or print) Kenasinan. DEATH November 30 Lanuson 196/ 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | | B. DAYE OF BIRTH AGE (In years HF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Hours Male WIDOWED K. January 23, 1882 DIVORCED 10a. USLAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Chsetrut Grove, Maryland Die Caster 13. FATHER'S NAME John Henry Jamison Mary Ann Ainsworth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) , [Ifyas giva war or datas of sarvice] 636 Mulberry St. Hagerstown, Md. Um Fales 18. CAUSE OF DEATH [Enter only one cause parting for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN DUE TO Conditions, if any, which gava risa lo immadiala causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.31 19, WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20a, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) While Not While at work at work 1955 to nev 30 196/ that ince Ithis hospital) attended the deceased from... 19.01., and that death occured at 6.1 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE SIGNED DIRECTOR 22c. PHYS CIAN'S 22d. ADDRESS NAME (Type) N. Potomac St. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stata) REMOWAL (Spenify) OH. Rest Haven Cemetery Surval Hagerstown 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Rest Haven Funeral Chapel Hagerstown, Md. arihun & Thates 15M 9/60



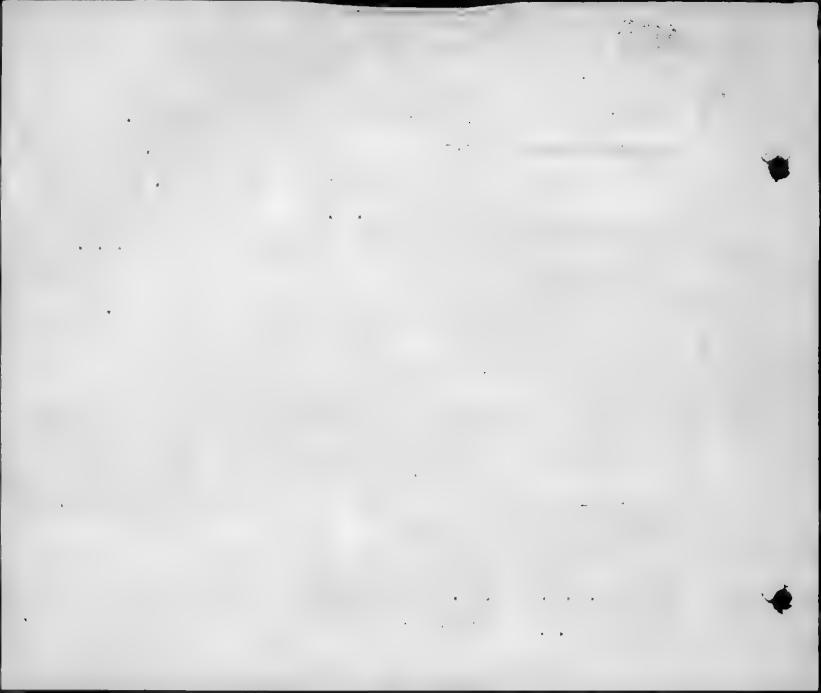
VISION OF STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND OF DEATH should I. PLACE OF DEATH 7. USUAL RESIDENCE (Where decreased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE by the and 2 death. b. CITY OR TOWN (if autside corporate limits, MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ET. hours after KURAL Pages CIREGO 40 YEHU KURAL filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give freet address) d. STREET ADDRESS W. IS RESIDENCE ON A FARM? YES NO X EO NAME OF paper 4. DATE DECEASED OF (Type or print) DEATH 1- 1961 NOVEMBER 12 -AMISAN ED TIL 8. DATE OF BIRTH COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED and last birthday) Months Days WIDOWED DIYORCED AP 6 physician USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE , Cou 12. CITIZEN OF WHAT COUNTRY! nty & State, or foreign country) done during most of working life, even if refired) FARMER AND BOORISEMPLOYEE CHESTNOT LIZE GROVE WASH. CO. MID. U.S.A please attending RECOLD NO RECORD Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO that the (Yes, no, or unkown) | (Hyesgive wer or detes of service) 19-14-8172 MRS. KEEDYSVILLE MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e) (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which geve rise to immediate cause **DUE TO** (a), stating the underlying PART 1, OTHER 5 ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e ACC DENT WAS UNDERLYING 🔲 | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) factory, street, office bldg., etc. Not While Hour am While et work at work June , 19.5 (, that (I) (we) last 19 61. 21. | certify that (I) (this hospital) attended the deceased from... to 19 61, and that death occured 10 12M, from the causes and on the date stated above saw the deceased alive on..... 22b. DATE 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S DONS BORO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION | 23b. DATE THEREOF REMOVAL (Specify) OH MTIZION WASH . Co . MD. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) FUNERAL DIRECTOR'S 15M 7 61 OONSBORD '61

DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AN MEDICAL EXAMINER'S CERTIFICATE OF USUAL RESIDENCE (Where deceased lived, if institution, Residence before Sun ssion) 7- Film-0302 PLACE OF DEATH delay is necessary, neral director, Pege ined for your files. a COUNTY Washington Washington Maryland MARYLAND b CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I m Is, write RURAL and give nearest town) write RURAL and give nearest town) 씽 Hagerstown 15 Days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2 Hancock Md. Rural d. STREET ADDRESS A. IS RESIDENCE ON A FARM? YES NO T Hancock Washington County Hospital DATE Year DECEASED OF with the (Type or pant) DEATH This certificate should be executed within 24 hours after death, a word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to dicel Examiner's Office elong with form PM3. Page 5 may be rould be used as a burial-transit permit. File pages 4 and 2 with the cremation, or removal, and in any event within 72 hours after 9. AGE (In years IF UNDER TYEAR | IF UNDER 24 HRS. 19 61 Kate Keefer 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months 9/1 WIDOWED TY DIVORCED [YEL. 10a. USUAL OCCUPATION (Give kind of work 105 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Hancock Maryla nd
14. MOTHER'S MAIDEN NAME Housewife 13. FATHER'S NAME Isiac Younker

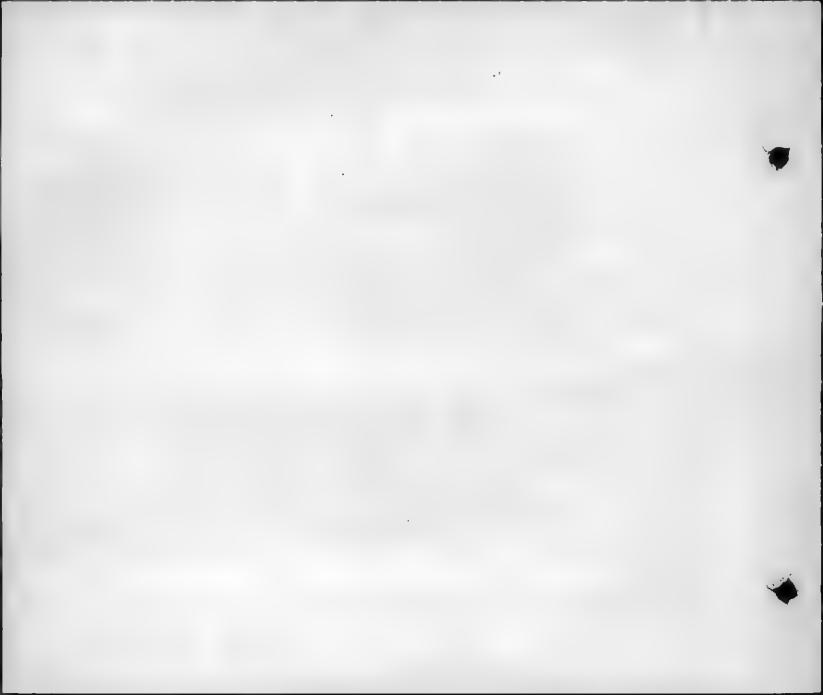
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Katherine Hull (Yes, no, or unkown) | (Ifyesgive war or dates of service) Ray Grove Rural 2 Hancock Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 6 days IMMEDIATE CAUSE (a) Uremia DUE TO Fracture Right Hip days gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER S.G.M.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY causa last, PERFORMED? execute the certificate, writing the word Should be forwarded to the Chief Medical should be forwarded to the CNERAL DIRECTOR: Page 3 should be its designated egent, prior to burial, crems NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) 200 EXTERNAL CAUSE WAS PRIMARY T or CONTRIBUTING CAUSE OF DEATH. Fell in home 200, INJURY OCCURRED 200, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c, TIME OF INJURY Month, Day, Year (County) (Stale) factory, street, office bldg., etc.) While Not While at work at work 19 67 Hancock, Washington. 21 I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion Accident -Suicide Homicide | Undetermined manner death resulted from:/ Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 12-1-61 NAME (Type) Dr. E. W. Ditto. Address (Street, city, town, or county) 228 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₽40 ᆼ Stone Burial
23. FUNERAL DIRECTOR VS. ATSME DEC 8 Culling S. Kraus 5M 7/59

STATE DEPARTMENT OF HEALTH



13177 **CERTIFICATE OF DEATH** Reg. Dist. N 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND WASHINGTON WASHINIGTON deoth: b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION AGERSTOWN d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 24 hours WASH HOSPITAL トロロバイン YES NO NO 3. NAME OF First Middle 4. DATE Day Year (Type or print) NOVEMBER 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED P. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED | WIDOWED | YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon ARYL ARU D 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 162.5 **DUE TO** Conditions, if any, which] gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour Q. ft. While Not while at work p. m. at work 196/ that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 71 is FM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S F. WADDI NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) dyerst 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Christian S. Thomas X13: 2 A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO HOSTELL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Jo HONERAL DIRECTOR: After this marificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled by the size Dept. of Health prior to burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be dischooled by the prior to burial, cremation, or removal, and in any event, within 22 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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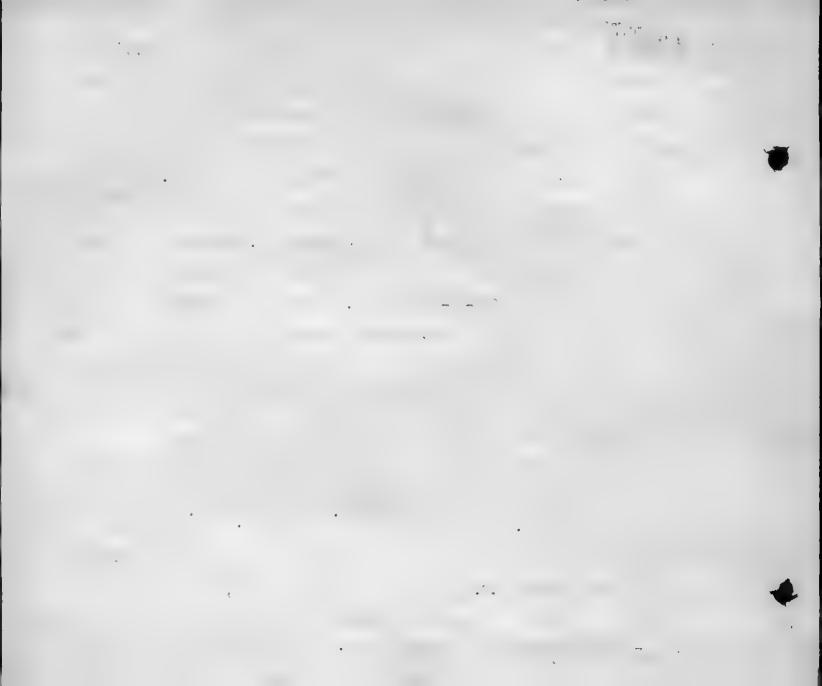
STATISTICAL RESEARCH AND RECORDS RESEARCH AND RECORDS RESEARCH AND RECORDS RESEARCH AND RESEARCH

			10104
I. PLACE OF DEATH	11	CE (Where decessed lived, If institution	on: Residence before edmission)
Washington	MARYLAND a. STATE Mary	land b. COUNTY W.	ashington
b. CITY OR TOWN (if outside corporate limits, c. LENGT		If outside corporete limits, write RURAL	
Rural Boonsbere 39 v			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s		ersteen	e. IS RESIDENCE
	TT		ON A FARM?
R.F.D. # 2 Fahrney - Keedy Mem			YES NO NO
3 NAME OF First	Middle Last	4. DATE Month	Day Yeer
	SEPHINE LAMBILLOTTE	DEATH November	29 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED B. DATE OF BIRTH	9. AGE (In years IF UND	
F 77 11	DIVORCED April 29, 188	last birthdey) Month	s Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS	INESS OR INDUSTRY 11 BIRTHPLACE (Cour		CITIZEN OF WHAT COUNTRY
dona during most of working lifa, aven if retirad)			
Housewife	Belgium	NA AAF	U.S.A.
Jehn B. Lambillette		ulienne Trefois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE (Yes, no, or unknown) [(Ifyesgivewerordetesofservice)]	CURITY NO. 17. INFORMANT	Address	
ne	George Lambili	lotte, Jr. Hagerst	town Md.
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	nara Ohrom	lasia	ONSET AND DEATH
IMMEDIATE CAUSE (6)	The state of the s	0.00=	(2 million
DUE TO			
Conditions, if eny, which (b)	<u> </u>		
(a), staling the underlying DUE TO			
causa last (c)			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED?
[5]			YES NO T
	INJURY OCCURED, (Enter nature of in ury in	Pen I or Pert I. of Item 18.)	
OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	CURRED 20e. PLACE OF INJURY (Home, farm	2Df (City or lown)	County) (State)
Hour a.m. WhileNot W	hile factory, street, office bldg., etc.		,,
p.m. 19 at work at w	rk	Med 3	
21. I certify that (i) (this hospital) attended the	leceased from MV	196/, 10/0001 000	19.6., that (I) (we) las
saw the deceased alive on WV. 20 19	e.l, and that death occured at.l.s	A.M. from the causes and c	on the date stated above
22a SIGNATURE	1		22b, DATE
Juntuan		MED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	1	
NAME (Type)	12.	acula nac	Land
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAI	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City, lown or co	ounty) (State)
REMOVAL (Specify) 77/21/7067 R ed	Haven Cemetery	77	M n n
		Hagerstown	Maryland
Table 1 Table	14	C'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
R. Fronklin Bougen Hage	erstown, Md. DANOV	27'61 Clother 8.	Thomas

1. > ņ 15

LYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY a. STATE b. COUNTY by the fand 2 s death. WASHINGTON MARYT.AND WASHINGTON MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neeres) rown) write RURAL end give neerest town) filled in Pages 1 after HAGERSTOWN 64 YEARS HAGER STOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d STREET ADDRESS e. IS RES DENCE hours ON A FARM? 672 YES NO X WASHINGTON COUNTY HOSPITAL HIGHLAND WAY 3. NAME OF 4. DATE F rst Middle Last Dev Month Yeer pape DECEASED OF [Type or print] DEATH JOHN CHARLES LEWIS NOV. Ę 1967 within 5. SEX 16. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TI NEVER MARRIED and lest birthday) 1 Months Hours WIDOWED | DIVORCED MATE AUG 65 physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY; 11, BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RETIRED CONDUCTOR RATEROAD JEFFERSON W. VIRGINIA USA 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME aftending pue UNKNOWN UNKNOWN 15. WAS DECEASED EVER NU.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1.17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give wer or dates of service) MRS. OLIVE G LEWIS HAGERSTOWN MARYLAND an. y the NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN signed by QNSET AND DEATH PART I. DEATH WAS CAUSED BY Chronic Pulmonary Edema 30 davs IMMEDIATE CAUSE (e) attending physicertificate has been signature as the burial-transit DUE TO Cor Pulmonale vears Conditions, if any, which (b) Partial occlusion and thrombus geve rise to immediate couse DUE TO (a), steting the underlying nons vears main pulmonary artery PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(=) 19. WAS AUTOPSY CERTIFICATION PERFORMED? spleen and kidney NO T prior 200. ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) may be retained by the h
DIRECTOR: After this c
3 should be detached for 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While Hour a.m. While at work et work to Nov. 4 19 that (I) (vite) last 21. I certify that (1) (this hospital) attended the deceased from. 61, and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on NOV. 22e, SIGNATURE 22b. DATE SIGNED ATTENDING MED. PHYS. X 11-6-61 DIRECTOR PHYS. M.D. 22c PHYSICIAN'S 22d. ADDRESS Public Square Hagerstown. Maryl 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 230. BURIAL, CREMATION, O.F. MARYLAND ROSE HILL CEMETERY HAGERSTOWN -25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) '61 arilar & Firms DATE NOV 8 15M 9/60

The law requires that the



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-	7.0			20

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4	0	4	15	15
1	1.5	1	6	Ŷì

I.		CERTIFICA	IE OF DEATH		
V	PLACE OF DEATH		2 USUAL RESIDENCE (When	re deceased lived If institution: Residence b	
4	washington	MARYLAND	d. STATE Marylan	d Washi	ngton
b. CITY OR TOWN (If outside corporate limits, write				tside carparate limits, write RURAL and give	nearest town)
1	Hagerstown	Life	"agerstow	n t	le necipelier
ı	or INSTITUTION Martin Manor Rest Hon	oddress)	d. STREET ADDRESS 25 E. Bal	timore St.	e IS RESIDENCE ON A FARM? YES NO
Ė	NAME OF First DECEASED	Middle		4. DATE Month	Day Yeor
l	(Type or print) Nellie F	Boyd Lin	ebaugh	DEATH November	3 19 61
	77 0 7.79 1 4		B DATE OF BIRTH	ost hirthdoy) Manual D	EAR IF UNDER 24 HRS. ys Hours Min
	Female White widow		une 3, 1875		105 144117 50115 57740
l	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wile	Own Home	Hagers	a) (OF WHAT COUNTRY?
ľ	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
l	John Boyd		Elenora	Suter	
Ì	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 IN	FORMANT	Address	
ı	Lear Let' on automode [11, Ass' Bas and, O. Onder or strains]	Ch	arles E. Li	nebaugh Jr. ^H age	erstown, l
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY ONSET AND DEATH ONSET AND DEATH					NTERVAL BETWEEN ONSET AND DEATH
I	IMMEDIATE CAUSE (o)				
l	Conditions, if ony, which) (b)				
ı	gave rise to immediate Couse (a), stating the under-		-		
ļ	lying couse lost. (c)				
				o) 19 WAS AUTOPSY PERFORMED? YES NO	
20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)					
ı		INTERPORT 20- PL	ACE OF INITIPY (Home form	206 (City or town)	ety) (Stote)
20c. TiME OF INJURY Manth, Day, Year Hour o. m. 19 20d. INJURY OCCURRED to wark of wark of wark 19 20d. INJURY OCCURRED to wark of wark 19 20d. INJURY OCCURRED to PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)				13016)	
21. I certify that (I) (this haspital) attended the deceased from 10-30-61, 19 ta 11-3-61, 19, that (I) (we)					
				22b. DATE \$IGNED	
l	22c PHYSICIAN'S	-	M.D. PHYS. DIRI	ECTOR PHYS.	
	NAME (Type) Paul Harrison,	M. D.		tomac St., Hagerstown	, Md.
ŀ	23g. BURIAL, CREMAT ON 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY :	23d LOCATION (City, tawn, or county)	(State)
	Burial 11-6-61	Rose Hill	Cemetery	Hagerstown, Md	i.
-	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S SIGNA	ATURE
	Scott F. Minnich & Sc	on Hagerstown	, Md. DATNOV	7 '61 6 6	
46			71120		

VR A15 (4) 15M 9/59

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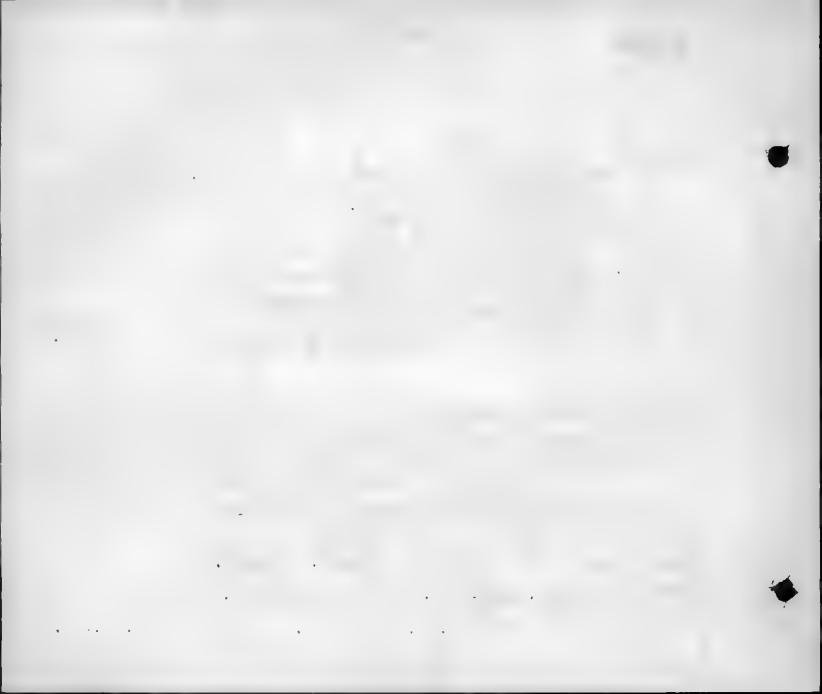
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Inf. from birth cartificate 12/2 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) eg Washington County b. COUNTY MARYLAND Penna Franklin b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) å RURAL ond give nearest town)
Hagerstown should Greencastle d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCI OR INSTITUTION County Hospital ON A FARM? YES NO F Route NAME OF Middle 4. DATE Month Yeor DECEASED BABY GIRL LOWERY (Type or print) Nov. 18, 1961 DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE-OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Nov. 18, 1961 DIVORCED [7] WIDOWED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY [11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hagerstown, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles F. Lowery Frences Lee Wolford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Medical Record 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and Jet 1 INTERVAL BETWEEN 35 min. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO casse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO KG 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Haur o. m. While Not while p. m. ot work ot wark 11-18-61 21. I certify that I attended the deceased favorage , 19____that I last saw the deceased 11-18-61 and that death accurred at 4:55 PM, from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL 136 N. Potomac St. SIGNATURE PHYSICIAN'S NAME (Type) Howard N. Weeks, M. D. Hagerstown, Md. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22g. BURIAL CREMATION. 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cremation 11-19-61 Wash. Co. Hospital Lab. Hagerstown, Wash. Co., Md. 230FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

director

funeral

after death: Page

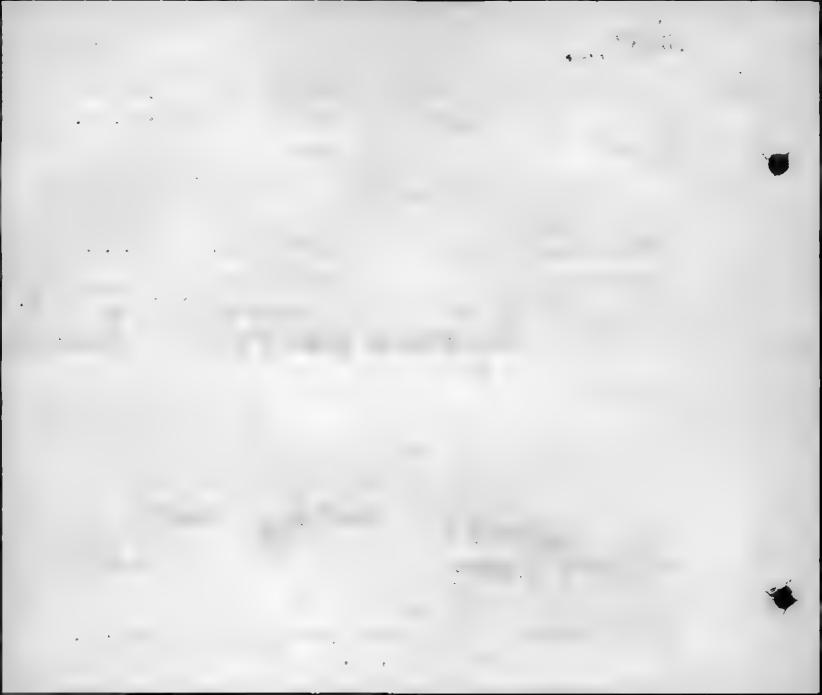
within 24 hours



F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY e. STATE **b.** COUNTY 42 P WASHINGTON WASHINGTON MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in t CLEAR SPRING, MD. ROUTE 1 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NONE YES HO RESIDENCE 3 NAME OF Last 4. DATE Yeer Middle Month DECEASED OF (Type or print) DEATH 28 61 19 LOUISE MASON SUSAN 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and last birthday) Months Days Hours FEMALE WIDOWED гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (County & State, or fore gir country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) NONE U.S.A. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME JAMES MASON CAT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 17. INFORMANT CATHERINE MILLS (Yes, no, or unkown) (If yes give war or detes of service) CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (g). INTERVAL BETWEEN signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause **DUE TO** (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200 ACC DENT WAS UNDERLYING [] | 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Pert 1 or Pert 11 of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stele) Month, Day, Year factory, street, office bldg ()tc.) While Not While Hour e.m. st work at work /19....., that (I) (we) last 21. I certify that (I) (this hospital attended the deceased from.... causes/and on the/date stated above. and that death occured from the DATE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME Type) 23d. LOCATION (City, lown or county) (State) C. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 1 23b. DATE THEREOF REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S ADDRESS VR A15 (4) 1SM 7,61 CLEAR SPRING.

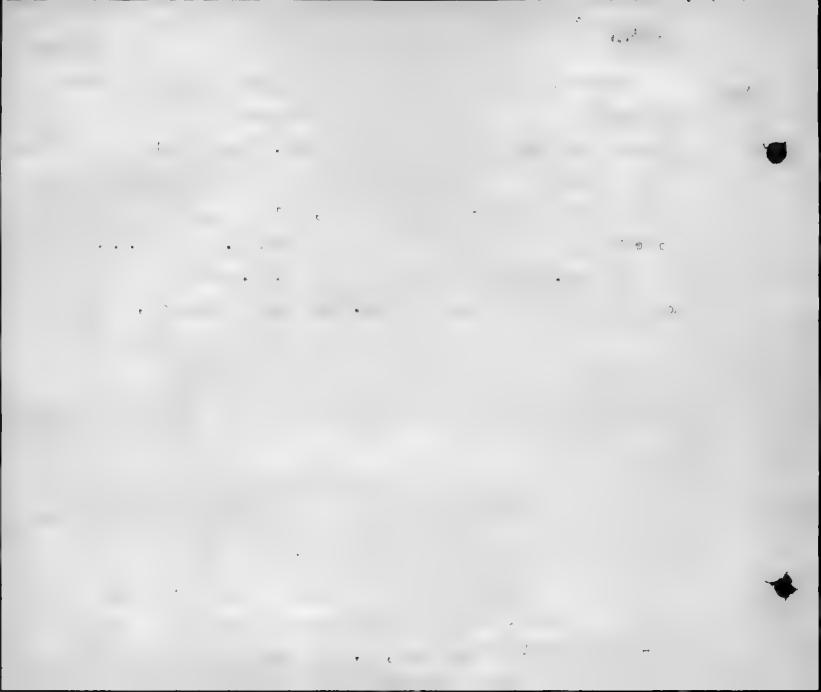
MARYLAND STATE DEPARTMENT OF HEALTH



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VI S	7/6	0

MARYL	AND STATE DE	PARTMENT OF HEA		
13183		OF DEATH	ET, BALTIMORE 1, M	13168
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When		esidence before edmission)
Washington	MARYLAND	a. STATE Marylan	b. COUNTY Wa	shington
b. CITY OR TOWN (if outside corporete imits, c. write RURAL and give neerest fewn)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	orparete limits, write RURAL and	give heerest town)
Hagerstewn	Life	Hagerston	m	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite	l, give street eddress)	d STREET ADDRESS	-	IS RESIDENCE ON A FARM?
Homewood Church Home	1	457 N. Pote		YES NO X
3. NAME OF First DECEASED	Middle	CAPDET I DEA		Dey Year
422 40 200	OOD MC	CARDELL DEA	9. AGE (In yeers IF UNDER 1	24 19 61. YEAR IF UNDER 24 HRS.
7. MARKIED L		0.00	last birthdey] Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND		ine 25, 1871	or foreign country 112, CITI	ZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	O' BOSINESS ON INVOSTRA	lui lui		
Housewife	1	Hagerstown, "1	10.0	
Samuel M. Good		Mary E.	Seibert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17 IN		Address	
(Yes, no, or unkown) ((fyesgivewerordetexofservice)	one Mr.	s. Fred Reynolds	Hagerstown, M	aryland
18. CAUSE OF DEATH Enter only one couse per line	for (e), (b), end (c).)	· ,	0	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	avalia	vasalav	Map 110	M W
4221 DUE TO		0	do.	11.
Conditions, if eny, which (b)	20inst.	EI WY XO	- 100.	Jan -
geve rise to immediate cause (a), stating the underlying DUE TO		,	}	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT	RELATED TO THE TERM NAL DISEA	SE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
3 - Syraid all-9	womd.			YES NO
OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURED.	(Enter nature of injury in Pert 1 or Pe	et of item 18.)	
	UNIVERSE OF DIAG	TOTAL HIDNAMA	City or town) (Cou	nlv) (Stełe)
Hour e.m. While _	_Not While facto.	E OF INJURY (rlome, ferm, 20f. (City or town) (Cou	uiA) (2(6:6)
		71	Tel av	
21. I certify that (I) (this hospital) attended	L 1	· · · · · · · · · · · · · · · · · · ·		, that (I) (we)_last
saw the deceased alive on	19, and that	death occured atM, fi	om the causes and on t	ne date stated above.
220. SIGNATURE	33 F	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	SIGNED
22e PHYSICIAN'S	м.п	22d. ADDRESS	7 , 7	minda
NAME (Type) LOUIS C.	GRAFF	111/2	10 T JITHL	W WILLE
	3c. NAME OF CEMETERY O	R CREMATORY 23d. L	OCATION (City, town or count	y) (Stole)
REMOVAL (Specify) Burial 11/26/1961	Rose Hill Ce	metery Ha	gerstown	Maryland
A CIN CO. L. DIDECTORIC CICALATURE	ADDRESS	25e. REC'D BY RE	GISTRAR 256. REGISTRAR'S	SIGNATURE
Suter - Rouzer Funeral Home	Hagerstown, M	de DATENOV 2 9	61 Culling S.	Thous



RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY A. STATE 6. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (.f outs de corporeta limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) 19 days Hagerstown Hagerstown

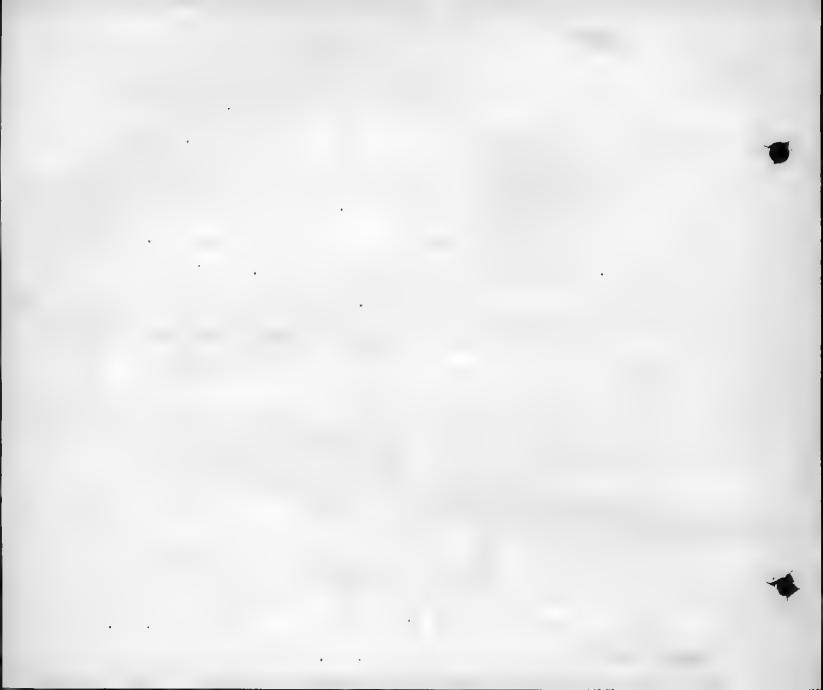
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Washington County Hospital E. Irvin Ave. YES NO T 3. NAME OF 4. DETE Middle pape DECEASED DEATH November 27 61 (Type or print) Kendall McGlaughlin 9. AGE (In years) IF UNDER 1 YEAR, IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH [pst birthday] female Sept. 14. Car WIDOWED EX DIVORCED [1De. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stele, or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington Co. Md. Hous wife U.S.A. 13. FATHER'S NAME Abraham Ida Toms 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Mrs. Harold C. Trovinger 70 E. Irvin Ave. (Yes, no, or unknown) i (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for tal. (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) General carcinomatosis Indefinite burial-transit DUE TO (b) Carcinoma of the cecum and ascending colon 25 Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying cause lest. certificate PART II, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 8 Q NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part) or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, : 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slete) factory, street, office bldg., etc.) Not While Hour a.m. at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from May 26 1961 saw the deceased alive on NOV. 22ª SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS West Washington Street NAME (Type) В. Kneisley Hagerstown, Md. 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 8 d j 2 11/29/61 Rest Haven Burial Hagerstown, Washington Co., Md.
258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 THERAL DIRECTORS SIGNATURE ADDRESS VIII A15 (4) DATERIOV 3 0 '61 Waynesboro Pa.



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 13185 CERTIFICATE OF DEATH 13120director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . county ashington b. COUNTY Marvland Washington MARYLAND funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town)
Hagerstown ¹¹agerstown Life D d NAME OF HOSPITAL (If not in haspital, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS OR INSTITUTION 524 Salem Ave. Washington County Hospital YES NO NAME OF First Middle Lost 4. DATE Manth Year DECEASED William Middlekauff John DEATH November Pages (Type or print) 19 5 SEX B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED IN NEVER MARRIED AGE (In years last birthday) Months Dovs Hours 84 Ma 1 e White WIDOWED | DIVORCED | Aug. 1. yrs. papers. campl 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Railroad Hagerstown, puo Chief Clerk $_{\rm m}$ d 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician S within John H. Middlekauff Sarah E. Rouskulp remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hagerstown, altending Mrs. Anna Middlekauff No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c).] ONSET-AND DEATH ם PART I. DEATH WAS CAUSED BY: 7 **DUE TO** Conditions, if any, which gned gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6/19, WAS AUTOPSY PERFORMED? YES NO 2 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour a m. While Not while at work ot wark D. m After 21 I certify that (1) (this haspital) attended the deceased fram, and that death occurred of saw the deceased ative an .M, from the causes and an the date stated above. DIRECTOR: 22a SIGNATURI 22b, DATE SIGNED ATTENDING STAFF PHYS. be of G M.D. DIRECTOR [22c PHYSIC, AN'S 22d ADDRESS 3 shauld NAME (Type TO FUNERAL 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23d LOCATION (City, town, or county) (State) page th≡ Sk REMOVAL (Specify) 11-21-61---Rose Hill Cemetér Hagerstown, Md. Buria1 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S GNATURE Scott F. Minnich & Son Hagerstown, Md. VR A15 (4) 15M 9/59

death

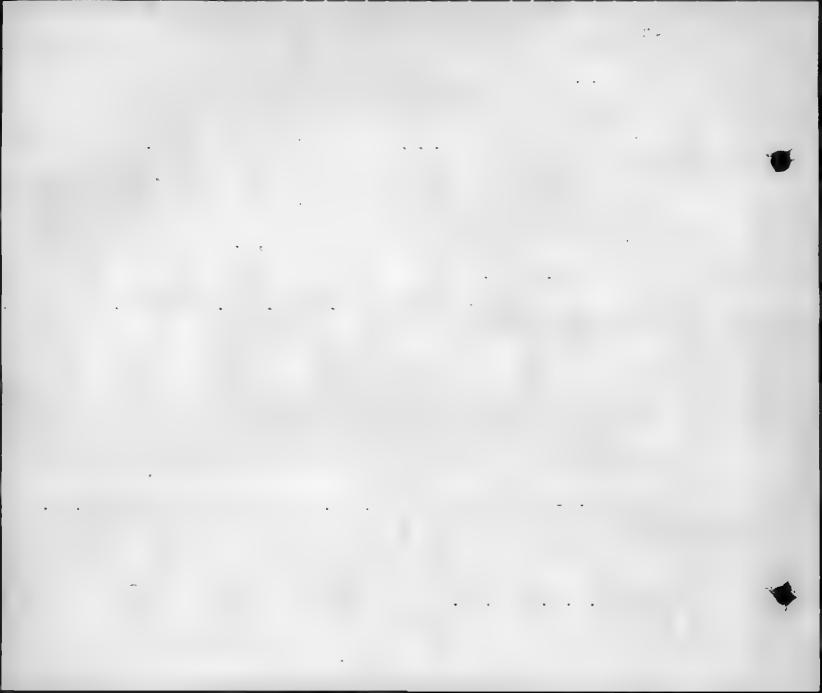
certificate



	13186 CERTIFICATE OF DEATH	13174
o ni	6610.499	d lived, If institution: Ras derica before admission
	Washington Maryland Maryland	Washington
teed	write RURAL and give negrest lown)	lim ts, write RURAL and give neerast town)
	Hagerstown 1 week S Hagerstown	16 Brosnesses
4.7. 4.7.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a, IS RESIDENCE ON A FARM?
	Washington Co. Hospital 321 South Mulbe	
	3. NAME OF First Middle Lest 4. DATE OF	Month Day Year
$\overline{}$	(Type or print) MARY LOUISE MORT	vember 3, 1981
	lost	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Days Hours Min.
	Female white widowed Divorced January 19.1890 71	yrs.
_	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreig dona during most of working life, evan if retired)	n country) 12. CITIZEN OF WHAT COUNTRY
	Waitress Wash. Co. Hospital Leitersburg, Wash.	Co.Md. USA.
	13. FATHER'S NAME	
	William Mort Malinda Dentle	r
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.' 17. INFORMANT (Mas. no.g. rinkown). (If yas grawmared dataset fester/ein).	Hagers town, Marylan
	No 217-28-7355 MissEmma K. Mort, 32	1 S.Mulberry St.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COnoncry occlusion	20 min
	420.0 DUE TO	
	conditions, If any, which (b) Art riosclerotic hart incare	Indefinit
	gave rise to immediate cause DUE TO	
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	The state of the s	OITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED?
m ~ 1/4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONL	YES NO
66	208. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of its OR CONTRIBUTING _ CAUSE OF DEATH	om 18.)
	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of the OR CONTRIBUTING CAUSE OF DEATH OF THE OR CONTRIBUTION OF THE OR CON	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or to	wn) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or to While Not While St work street, office bldg., etc.)	
1	21. I certify that (I) (this hospital) attended the deceased from July. 27.1 1501, to	V. 3 19.6.], that (I) (we) la
	saw the deceased alive on NOV	causes and on the date stated abov
	22a SIGNATURE	22b. DATE
	ATTENDING MED. 5	11/6/61 SIGNE
	22c. PHYSICIAN'S 22d. ADDRESS] LIS West	hir ton Stre t
	NAME (Type)B. B. Kneicley, L.D. Tren to	. Paryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	(City, town or county) (State)
	REMOVAL (Specify)	stown, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SIGNATURE	256. REGISTRAR'S, SIGNATURE
) .	Andrew K. Coffman, Hagerstown, Maryland. DATE NOV 1 0 '61	Trans. There
1/1	The state of the s	
- 1		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13187 r is necessary, please exerirectar. Page 4 shauld ba cremation, Rea, Dist. No., 5 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) Washinaton **b. COUNTY** MARYLAND Washinaton burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Hagerstown 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital D.O.A. 11 West Baltimore St. YES NO IX registror 3. NAME OF Middle 4. DATE Lost Month Year OF DEATH for you (Type or print) Maron. Mose 23 GEDTAR Nou. 19 61 retained for S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH AGE jin years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Male White Months Days Hours Min WIDOWED [7] DIVORCED [] March 10, 1942 0 3 to yes. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Meat Products Deliveruman Hagerstown Md. may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl I Mose Sr. Jonice Virginia Artz m 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give Carl J. Mose Sr. 11 W. Baltimore St. Hagerstown, Md. 218-38-1584 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). s certificate should be executed with pending in pencil in Item 18, inder's Office along with form PM be used as a buriol-transit permit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture Of Skull Instant **DUE TO** Conditions, if any, which Crushed Chest Right Side gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? NO T ward "pendir of Examiner's (should be use 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Port II of item 18.] PRIMARY STOT CONTRIBUTING CAUSE OF DEATH. Car possibly skidded into path of on coming car. 120d INJURY OCCURRED # 200 PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) writing the ware Medical 1 DR: Page 3 sh factory, street, office bldg., etc.) Not while ot work ot work 6 R#34 3 Mi South of Sharpsburg Washington, Md 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find that Accident 3d, Suicide 1 death resulted from: Natural couses . Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 ASSISTANT MEDICAL EXAMINER 11-24-61 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) E. W. Ditte Dr. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 9 Maruland Kaven Cemeteru Haaerstown 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Rest Haven Funeral Chapel Hagerstown .Md. VS. A1SME(S) DATE 5M 9/55

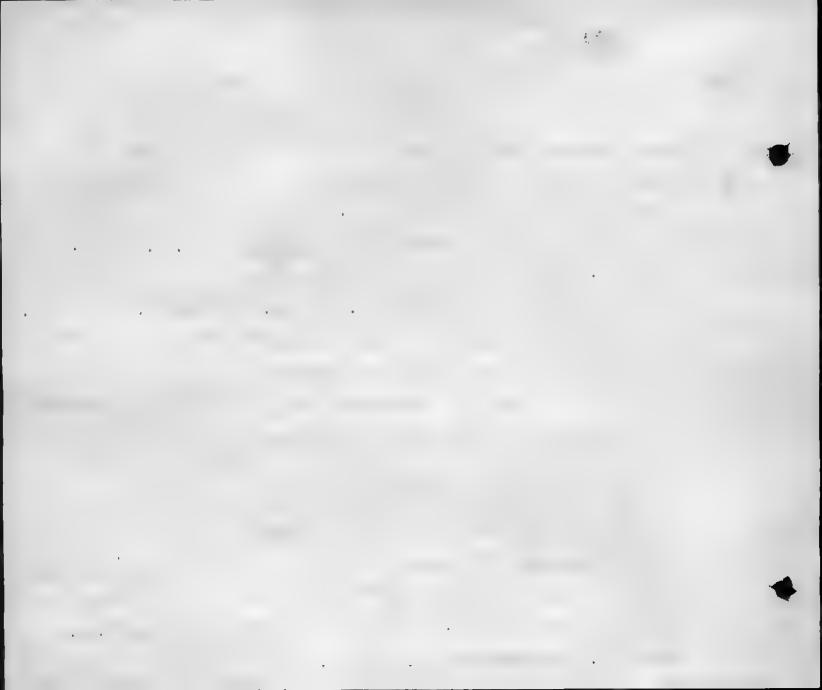


2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) Washington c CITY OR TOWN (If autside corporate limits, write RURAL and give neerest town) a. IS RESIDENCE ON A FARM? 649 North Mulberry St. YES NO X November 27,1961 9. AGE IIn yeers HF UNDER 1 YEAR last birthday) Months | Devs 11. BIRTHPLACE (County & State, or fore gn country) | 12. CITIZEN OF WHAT COUNTRY? USA. Mrs. Mattie L. Entler, 649 N. Mulberry S ONSET AND DEATH Lobular precemonia, bilateral 3 days PART I. OTHER SIGNIFICANT COND. TON'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0 PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of item 18.) 20d INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (State) 19 61, 10 NOV . 2.7 , 19.61, that (1) (we) last saw the deceased alive on... Nov. 2.7, 1961, and that death occured at 3 MM, from the causes and on the date stated above. SIGNED PHYS. NOU. 27, 1961 22d. ADDRESS YNEStern maryland State Hespital /tagershun, mary land Shenandoah, Page Co. Va.

25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DATE 3d. LOCATION (City, town or county) (Stele) Andrew K. Coffnan Hagerstown, Maryland,

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY : ASHINGTON a. STATE b. COUNTY d the LASHT JGTON MARYLAND by the h. CITY OR TOWN (if outs de corporata limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) E LENGTH OF STAY IN 16 write RURAL and give nearest town) HAGLESTOVN 튱 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? S. POTOMAC YES NO TY NAME OF Middle DATE Month 2. at of сопріе DECEASED OF (Type or print) DEATH NOAFWREE 19 67 MAY and cor 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED JE UNDER 1 YEAR B. DATE OF BIRTH AGE (In years last birthday) Months Hours reMate WIDOWED [DIVORCED X 10a. JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) done during most of working life, even if refired) HOME MARYLAND U. S. A 1 please 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME attending WILLIAM HENRY 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN J.S. ARMED FORCES? Address (Yes, no or unkown) (If yes give were released service) MISS MARY GROUND HAGEFSTO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a,, (b), end (c).] signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: du were IMMEDIATE CAUSE (a) DUE TO LLEC Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), steting the underlying cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILB., 19. WAS AUTOPSY FICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING [] jo CERT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED fectory, straat, offica bldg., etc.) While Not While Hour a.m. at work at work may be retain DIRECTOR: 1 -- (0 1, 19. , to 11 - 1 to 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. shoul saw the deceased alive on....... 22a, SIGNATURE ATTENDING STAFF PHYS. PHYS DIRECTOR TO FUNERAL 22c. PHYSICIAN'S 22d. ADDBESS NAME (Type) director, be filed NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BUR, AL, CREMATION, 23b 23c. REMOVAL (Specify) ROBE #56. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR'S SIGNATURE ADDR155 VR AIS (4) 15M 7/61 DATENOV 2 1

Year

NO 4

(State)

226. DAY

(State)



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TO HO LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after		ExTOFUNITE DIRECTOR: After this certificate has been signed by the attending physician and complex willed in by the funeral	pino		h
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13190 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution: Rasidanca bafora admission)
Washington Maryland	Marvland Washington
b. CITY OR TOWN (if puls'da corporete I mits.	c. CITY OR TOWN (if outside corporate l'mits, wr.te RURAL and give nearest town)
write RURAL and give nearest town) Rural Hagerstown 19 days	3 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
	ON A FARM?
Avalon Manor Rest Home	16 W. Magnolia Ave.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Your
(Typa or print) Katie Virginia Osbourn	DEATH November 27 19 61
	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
10 1 .	an. 21. 1886 last birthday) Months Days Hours Min.
108. USJAL OCCUPATION (GIVE Kind of work 106, KIND OF BUSINESS OR NOUSTR	Y 11. BIRTAPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working I (e, even if refired)	
House Wife Own Home	Jefferson Co. W. Va.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel H. Moler	Virginia Staley
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Yes, no, or unkown] [(Hyas give war or detes of service)	INFORMANT Address
Ro	ger M. Osbourn Hagerstown, Md.
18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]	. INTERVAL BETWEEN
	Phroscierosis ONSET AND DEATH
446 / DUE TO	· w ² · } ₹ ·nost
	12 vecculer biseese 5tm.
gave rise to immadiate causa	A AGRAPATEL DISCORDE
(a), stating the underlying DUE TO	to the state of th
	erosis-generalized 57m.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
Stroarthritii - 42 nere	in led. YES NO 🔀
I № LOR CONTRIBUTING ET CAUSE OF DEATH	(Enfet nature of njury in Part I or Part I, of Item 18.)
	CE OF INJURY (Home, farm, 201. (C.ty or lown) (County) (Stata)
Hour a.m. Whila Not While fact b.m. 19 at work at work	ory, street, office bldg., atc.)
P100	O. Ct , 1955 to Nev , 27 , 1961, that (1) (we) last
	death occured at //.A.M., from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF STAFF
	D PHYS. DIRECTOR PHYS 11/29/61
22c. PHYSICIAN'S NAME Dype)	22d. ADDRESS
Lloyd A Hortman	214N Potomic ut Higherstown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Spacify) Burial 11-30-61 Elmwood Cer	metery Shepherdstown, W. Va.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	and 191 Citing & House
Scott F. Minnich & Son Hagerstwo	n. Md. DATE DEC 1 161 C Unit A. Thanks



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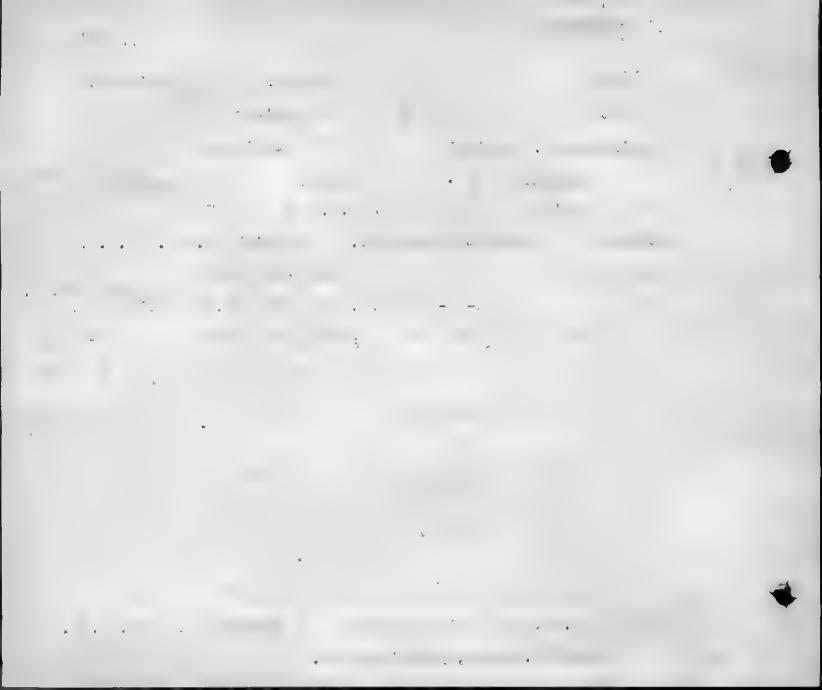
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF TRATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13176

113	
41	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm ssion) a. COUNTY
	Washington MARYLAND ** STATE Maryland Maryland ** STATE Mashington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	Hagerstown 5 days Hagerstown
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	Washington Co. Hospital 8 Glenside Ave
М	NAME OF First Middle Last 4. DATE Month Day Year DECEASED
	(Type or print) ALBERT L . PALMER November 17 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS.
	male white widowid D vorced Jan.1.1891 70 yrs
	OB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	shoemaker Hagerstown Shoe Co. Frederack Co. Md. U.S.A.
	13. FATHER'S NAME
	Elmer Palmer Sakah Jane Moser
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (Ifyesgivewarordalesof pervice)
	no 214-09-5764 Mrs. Nannie Palmer. 8 Glenside Ave.
	18. CAUSE OF DEATH [Enter only one cause pentine for (a), ,b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AD DEATH ONSET AD DEATH
	IMMEDIATE CAUSE (a) CICLOS TURNEDADA GORALDOS (b)
П	334X DUE TO PATE OF THE COME O
	Conditions, if any, which gave rise to immadiata causa
-	(a), stating the underlying DUE TO
	causa last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRACTING TO DEATH BLT, NOT DELATED TO THE DERMINAL DISPLASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
	20b ACCIDENT WAS UNDERLY NG ☐ 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of 10m 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH OF LIFT HERE, NOTIFY MEDICAL EXAMINER!
- 1	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF IN, URY (Home, farm, 20f. (City or town) County) (State) Hour a.m. While Not While factory, street, office bidg., etc.] p.m. 19 at work at work
1	Martitude
	21. certify that (I) (this hospital) ettended the deceased from
	saw the deceased alive on
	226 SIGNATURE ATTENDING MED. STAFF STORE STAFF
	22c. PHYS.CLAN'S DIRECTOR PHYS. 22d. ADDRESS
	NAME (Type) JN 50 a Chilo, How with Mo
1	(Stata)
	REMOVAL (Specify)
	Burial Nov.20,1961 United Brethern Myersville Fred Co Md. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	NOV 2 1 761 / 12 - 8 45 14
	July J. Fastick. Bittle Myersville Md Datesty 21



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) **E** COUNTY a. STATE b. COUNTY by the and 2 and 2 death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYLAND WASHINGTON

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) by th E III E. LENGTH OF STAY IN 16 hours after H5, Pages 1 4 DAYS d. STREET ADDRESS HAGERSTO WN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a IS RESIDENCE ON A FARM? YES NO X WASH NAME OF papers. HOSPITAL 4. DATE Yeer Month DECEASED OF [Type or print] DEATH 19 6 POFFEN BERGER NOVEMBER . 30 19 6 1 6. COLOR OR RACE 7. MARRIED 5. SEX NEVER MARRIED B DATE OF BIRTH and last birthday) Months Days WIDOWED DIVORCED TEBRUARY-11-1885 physician e remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) PETIRED IELE PHONE OPERATOR -Tiel Co NEAR BAKERS VILLE WASH GO MD. U.S.A. Æ ding please CHKISTIAN M. YOFFENBEICER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detes of service) . FYANS POFFEN BERGER 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), end (c). INTERVAL BETWEEN 仑 instant PART I DEATH WAS CAUSED BY: Coronary Thrombosis IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic cardio-vascular diease Yrs. gave rise to immediate cause DUE TO (e), steting the underlying the PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 1 2 PERFORMED? NO E Lobar pneumonia CERTIFIC. 20a ACCIDENT WAS UNDERLY NG L 20b, DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Jem 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20a, PLACE OF INJURY (Home, ferm 20f. (City or lown) (County) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year may be retained DIRECTOR: Af Not While factory, street, office bldg., etc.) While Hour e.m. at work at work to 11/30/61 19 that (I) (we) last /6h saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING SIGNED MED. DIRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYSIC AN'S Sharpsburg, Md. Shealy M. Walter director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stelle) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 CEMETERY BAKERSVILLE REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE 13 1SM 7,61 DOONSBERO

AND STATE DEPARTMENT OF HEALTH

Market Space

TO HO. T.L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executive within 24 hours after death.

See death. 4 may be retained by the hospital or attending physician.

Part of FULLAR DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

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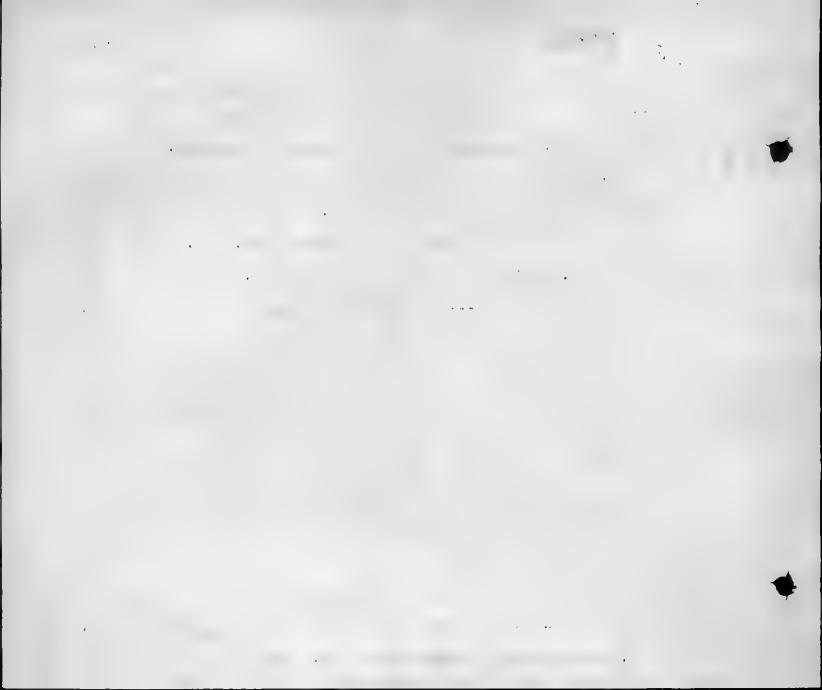
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

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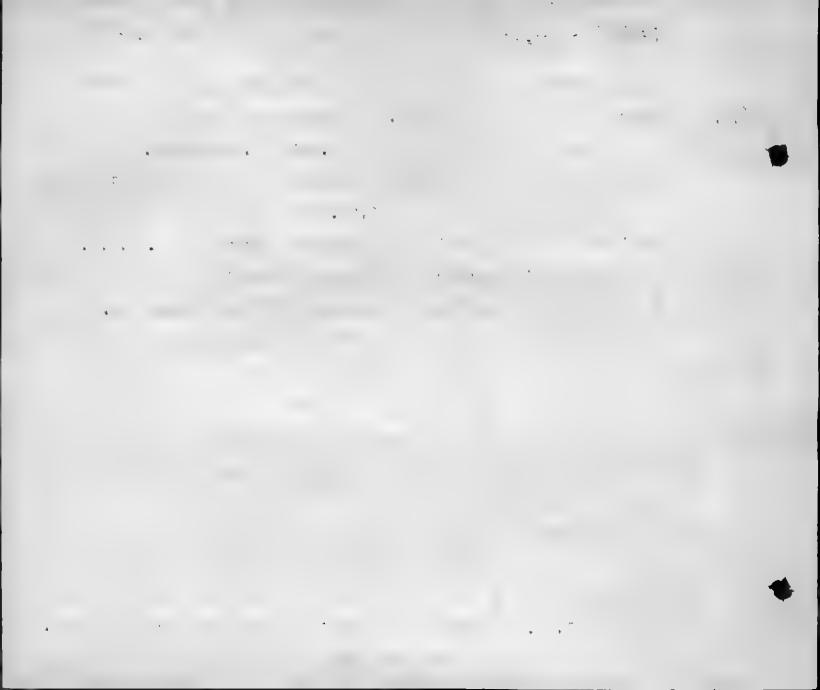
I. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceasad fived, If silhung). Residence before a dmiss on)
a. COUNTY Washington MARYLAND	* STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY N 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Hagerstown 10 minutes	Rural Williamsport RFD #2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS
Washington County Hospital	Pinesburg Williamsport RFD2 YES NO X
DECEASED	OF N
(Typa or print) William Richardson	Potts Sr. DEATH Nov. 16 19 61
5. SEX 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	July 16 1899 62 yrs. 4 0
10e. USUAL OCCUPATION (Give kind of work and the surface of the su	
Attendant State Rospital	Maryland U.S.A
George W. Potts	Elizabeth R Harsh
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16 SOC AL SECURITY NO. 17	
(Yes, no, or unkown) (Ifyasg vawarordatasofservice) 215 09 7358 W	illiam H. Potts Hagerstown Maryland
18. CAUSE OF DEATH [Enter only one cause per line for a), (b), and (c).]	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Sid Chi land One Conset AND DE THE
IMMEDIATE CAUSE (a)	1 and o-down 11 on environt 12
-1 201 DUE TO	
Conditions, if any, which gave rise to immediate cause	
(a), stating the underlying DUETO	
causa last. (c)	LOV DU LYCO TO VIII YEDIA MILL DEPARE COMBITION CIVES IN BARY U. 3 40 WAF AT YORKY
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT F	IOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(n) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOR THE PROPERTY OF CONTRIBUTING TO DEATH BUT FOR THE PROPERTY OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter natura of in ury in Part I or Part II of item 18)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata)
Tiour a.m.	ctory, streat, offica bldg., atc.)
	////6/6/012 ., to ///. // // // // // // // that (I) (we) last
21. I certify that (I) (this hospital) allended the deceased from	
saw the deceased alive on	at death occurred a M., from the causes and on the date stated above.
	ATTENDING MED. STAFF
22c. PHYSICIAN'S A POPULLY	M.D. PHYS. D RECTOR PHYS.
NAME (Typ/Ralph F./Young	Williamsport Md.
230. BURIAL, CREMATION, 236 DATE HEREOF 23/ NAME OF CEMETER	
PENDOVAL (SALLE)	
I KIII I I I I I I I I I I I I I I I I	lemetery Near Clearspring Md.
Burial Nov. 20-61 St. Pauls (Cemetery Near Clearspring Md.
2 TOWN DIRECTOR'S SOSSIURE OF MILLIAM BUT	Cemetery Near Clearspring Md. 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Only 2. Trans.

C

RYLAND STATE DEPARTMENT OF HEALTH STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, it institution, Residence before edmiss on) e. COUNTY **b. COUNTY** Washington Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give near ist town) write RURAL and give neerest town) Hagerstown Life agerstown Pages affe lled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? Washington County Hospital 2023 Virginia Ave. YES NO NAME OF Fire Middle DATE complet DECEASED OF (Type or print) Elizabeth DEATHNovember Ann Rhoades 1961 and cor withi 6. COLOR OR RACE 7. MARRIED NEVER MARRED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH lest birthday) Months Hours 3/1 Female WIDOWED | DIVORCED X Mav 8 10s. USUAL OCCUPATION (Give kind of work physician гетоме 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Homse Wife Own Home Hagerstown, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending ple Crist W. Fuller Grace V. Seibert 15. WAS DECEASED EYER N U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((Ifyesgive werordates of service) g physician. Charles Fuller Hagerstown Md . 18. CAUSE OF DEATH if nter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-tensit DUF TO aftending Conditions, if any, which has been geve rise to immediate cause DUF TO (e), steting the underlying the bur burial, couse last certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (IN) WAS AUTOPSY 38 0 PERFORMED? YES AND 1 USB 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200 ACCIDENT WAS UNDERLYING [detached for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this this tained by 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, Month, Day, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg , etc.) Hour am While Not While et work et work p.m. DIMECTO 19.4./., Ihat (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 9 saw the deceased affive on. 22e. SIGNATURE 226. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSIC AN 22d. ADDRESS FUNER/ rector, pag filed with NAME (Type death. TO FU direct 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 11 - 30 - 61Rest Haven Cemeterv Hagerstown. 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256/ REGISTRAR'S, SIGNATURE ADDRESS 15M 9/60 Md . DATE DEC 1 Scott F. Minnich & Son Hagerstown,



ARYLAND STATE DEPARTMENT OF HEALTH ★ STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before admission) eral director. Page ed for your files. B. COUNTY a. STATE 5. COUNTY Washington MARYLAND Maryland Washington c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) may be retained for your 2 with the State Beard of Hancock d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ye streat address) Yrs. a. IS RESIDENCE ON A FARM? YES NO Home 5R: This certificate should be executed within 24 hours after death, if a 1 the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the ... Medical Examiner's Office along with form PM3. Page 5 may be retain should be used as a burial-bransit permit. File pages 1 and 2 with the Statist, cremation, or removal, and in any avent-within 72 hours after deat is. 3. NAME OF Firet M dalls DECEASED (Typa or print) DEATH Iva Belle AGF (In years JE UNDER 24 PIKS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED I IF UNDER TYEAR last birthday) Months Days Hours WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Housewife Housewife Somerset County Penna U.S.A. 13. FATHER'S NAME Andrew Fleisschhauer Mery E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyas give war or dates of service) Heller Hancock Md Mrs Bertha 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gava rise to immadiata causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT POT RELATED TO THE TERM NA. DISEASE CONDITION G VEN IN PART 1(0) 19. WAS ALTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 20a. EXTERNAL CAUSE WAS 20b, DESCRIPE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) factory, streat, office bldg., etc.) 2 While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from Natural causes | Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 6 3 NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spec fy) ₽40 g Hopewe Methodist Honewell Burial Somerset Penna 23. FUNERAL DIRECTOR 246 REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE NOV 1 4 '61 VS. A15ME arthur S. Krous 5M 7/59



FOR STATE TO DER IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a large is necessary, males exact the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the large is a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13180

MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
I. PLACE OF DEATH • COUNTY WAShington b. CITY OR TOWN (if outs de corporete I mits, write RURAL end give neares! town) Hagerstown 1 month	e. STATE Maryland b. COUNTY Frederick c. CITY OR TOWN (If outs de corporete limits, write RURAL end g've neerest town)				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?				
T. MORRIDO M. NETER MORRIDO	ROBINSON Apt North Per Nor				
10s. USUAL OCCUPATION (G vs Find of work done during most of working life, even if retired) Contractors Helper 13. FATHER'S NAME					
Henry Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (lifyes give we ror detes of service) NO 18. CAUSE OF DEATH [Enter only one couse per line for left hip, end (cf.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate couse (c), storing the underlying couse test. (c)	Lucy Doozie Robinson Lucy Doozie Robinson Strederick Butterval Between onser and Death Strang Death Termson Termso				
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING FOR CAUSE OF DEATH. 206. TIME OF INJURY Month, Dey Year 205, NJJRY OCCURRED 206, PL. While Not While et work et work 21. I certify that look charge of the remains described above, he	side . Homicide . Undetermined manner				
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL CREMATION 229. DATE THEREOF 22c. NAME OF CEMETER OF REMOVAL (Specify) Burial 11-13-01 Fairview ADDRESS C. E. Hicks, 111 Frederick, Md	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or country) R CREMATORY Pederick Maryland 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE NOV 1 661 DATE				



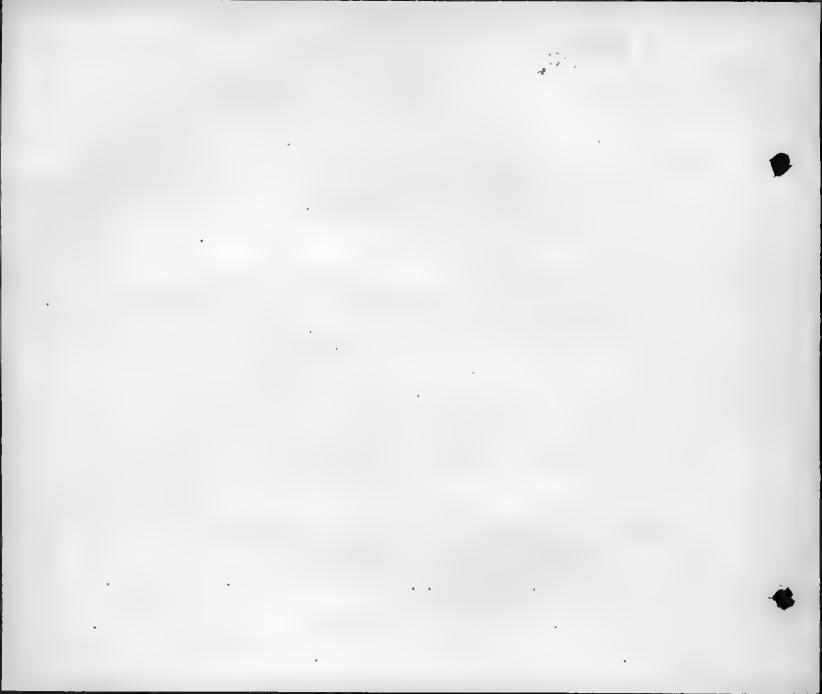
VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13197

13181

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)							
	o. COUNTY Washington MARYLAN	o. STATE Maryland b. COUNTY Washington							
	b CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Hagerstown 60 years	3 Hagerstown							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
	Washington County Hospital	345 N. Potomac St. YES NO							
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Yeor							
	(Type or orint) Addie Simmons R	oe DEATH November 14 19 61							
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS							
	Female White WIDOWED X DIVORCED								
	100 USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Attendent Day Nursery	Crompton, Md.							
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
Y	Frank Simmons	Matilda Waddell							
4	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Ves. no. or unknown) 1 (If yes, give wor or dates of service)	7 INFORMANT Address							
	220-30-8814	Webster Fugate Benton Harbor, Mich.							
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	NTERVAL BETWEEN							
		a fanoexpo co.							
	420.00 DUE TO GENERAL OF FERRELL YEAR PROCESSE YEAR.								
	Conditions, if ony, which) (b) Artises Ellite Heert House								
	gove rise to immediate DUE TO	A- 2. 10-10							
	lying cause lost. (c) "McPust" - 121 Henried - MCPR								
	PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
	5 trobetes hellites	YES NO Z							
	PART OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING DECAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY OCCU (IF EITHER, NOTIFY MEDICAL EXAMINER) PART OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Port 1 or Port II of item 18.)							
		PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)							
ì	🗅 Hour om . f . While Not white 📜	True & 1722 - CLAST VEL							
	21. I certify that (I) (this haspital) attended the deceased fra	m 195 (to 160 / C . 196 / that (1) (we) last							
	saw the deceased dive on 40 1 2 19 , and the	at death occurred at 23 2M, from the causes and on the date stated above.							
	Thieza // Kerleman	M D PHYS. PLOTECTOR PHYS 1/15-16							
	A2c. PHYSICIAN'S	22d. ADDRESS 159 W. Washington St.							
	NAME (Type) Philip J. Hirshman, M.D.	Hagerstown Maryland							
	23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETER								
	BEAANVAL (Spaciful)	11 Cemetery Hagerstown, Md.							
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
	Scott F. Minnich & Son Hagerst	own, md. DATENOV 17'61 C Ilun S. Kraus							



15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

e. IS RESIDENCE

Day

Doys

(County)

11-9-61

USA

ON A FARM? YES NOTE

Yeor

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

10 vrs

3 days

PERFORMED? YES NO DE

(State)

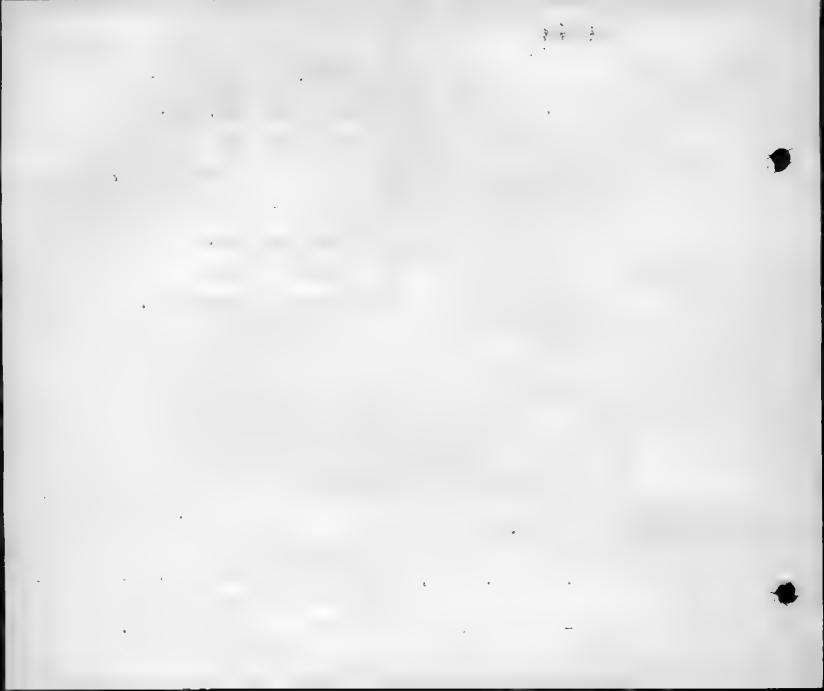
22b DATE

(State)

SIGNED

12 CITIZEN OF WHAT COUNTRY?

61



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Δi	N.		1
	M	1	1
X	1	X	
•		- 16.	

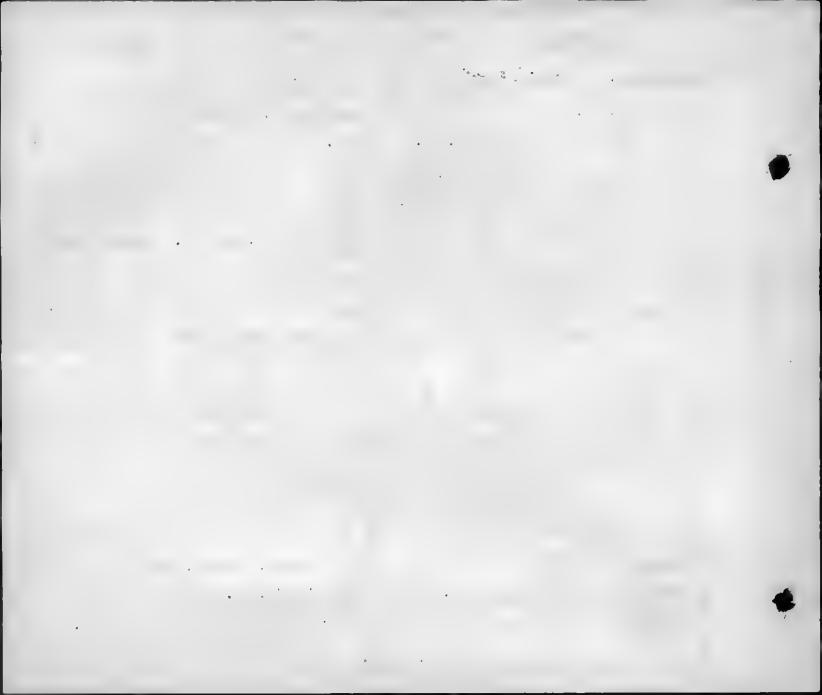
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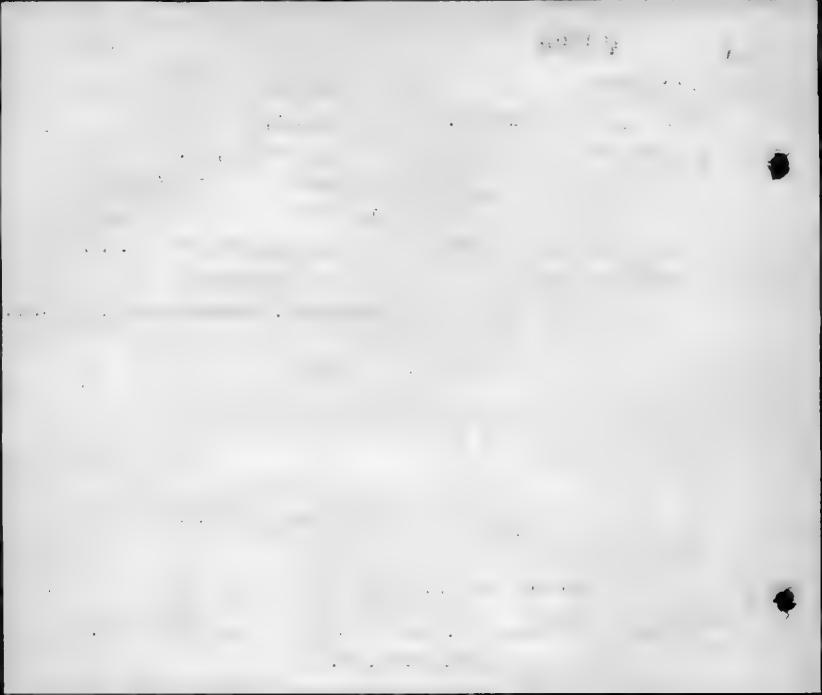
Itamale Film 306 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

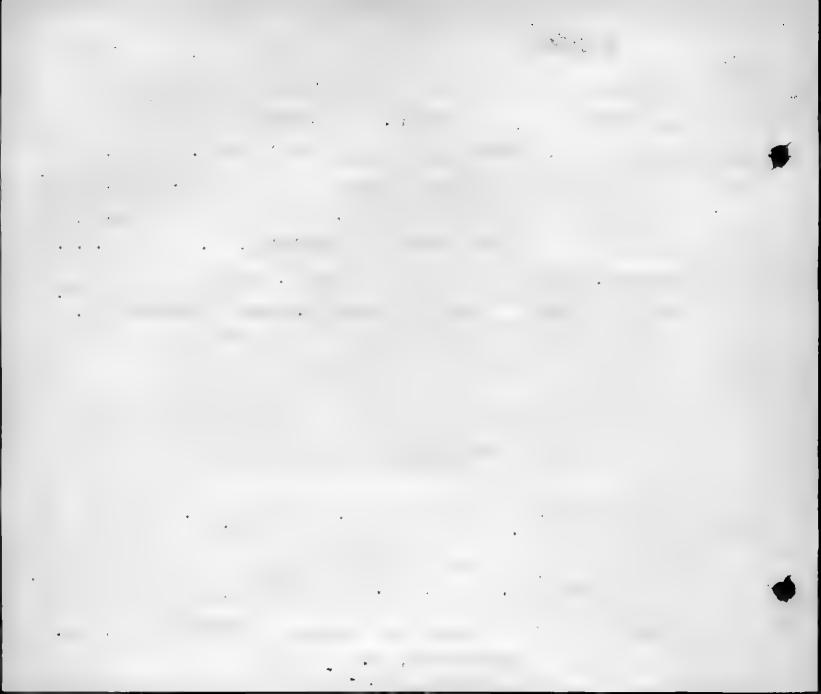
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	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission)						
	Washington, Ft Ritchie, Cascade MARYLAND	o. STATE b COUNTY Maryland Washington						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown)						
	Ft Ritchie, Md.	Fort Ritchie / Mary Vana Cumberland						
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. street Address / e. is residenci						
	US Army Dispensary, Ft Ritchie, Md.	BYOG / 400/ 22 Browning Street VES NO						
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year						
	(Type or print) Raymond Lionel Schanholtz	DEATH NOV 28 19 6]	L					
		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H						
	Male Cau widowed □ DIVORCED ■	28 Aug 1914 47 yrs 300	1.					
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN	ITRY					
	Cook US Army	Green Spring, West Va. United States						
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
	Herbert R Schanholtz	Deceased						
	(Yos. no. or unknown) [II] yes, give war or dates of service)	NFORMANT Address						
	Yes To present 219-22-1864 From	om Army Records by WILLIAM T CUZICK, Capt. M	ISC					
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN	1					
	PART I. DEATH WAS CAUSED BY: / OGUSE/ OF / OF OT	which day to be the state of th						
	Marie Chos (V)	amhatiga////	MA					
	,	ure secondary to cerebral depression						
H	gove rise to immediate							
		logy. (Autopsy report)						
a ^{ge}	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS	SY					
	CCAT	PERFORMED? YES NO [
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Port II of item 18.)						
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. p. 19 While Not white of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sto	te)					
	Hour a, p, p, m. 19 While Not while for all work of work of	1						
	21. I certify that I attended the deceased from.							
1		occurred at 4:50 P.M. from the causes and an the date stated ab	126C					
	direction of the state of the s	ADDRESS (Street, city or town, stole) DATE SIG	ove.					
	SIGNATURE atrick & Terrors Capt		/J					
	SIGNATURE / DOUBLE CASE	6 Fort Ritchie, Cascade, Maryland 28 Nov	<u>OT</u>					
	PHYSICIAN'S PATRICK J FERRARO, CAPT., MC	Fort Ritchie, Md. US Army Dispensary						
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or county) (State)						
	Burial 12/2/1961 Rest Lawn Men	morial Cemetery Cumberland Md.						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	S-Marlin SOE Waynesboro, Peni	na. DEC 4 '61 C - A Knock						

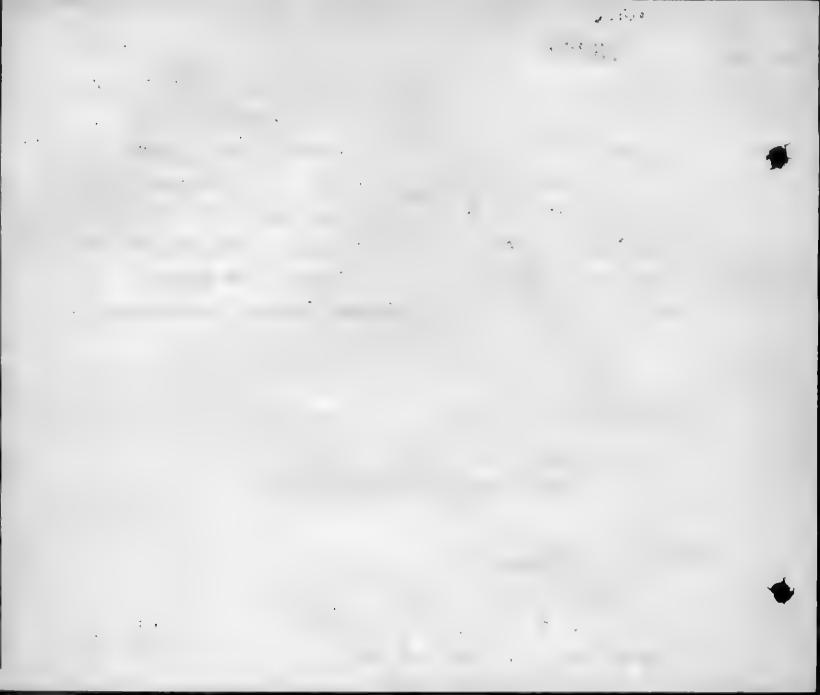




1		MARYLAND STATE DEPARTMENT OF HEALTH	_
ı		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
a 22/		13201 CERTIFICATE OF DEATH	13185
shour fire	IM)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a, COUNTY a. COUNTY b. COUNTY	Residence before edmission
d the		WASHINGTON b. CIT UR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL c. CITY OR TOWN (if outside corporate limits) (if outside c. CITY OR TOWN (if outside c. CITY OR TOWN	NGTON _
24 m by		write RURAs and give nearest lown)	(Na give neeress rown)
thin led i	~/	HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g've street eadress) d. STREET ADDRESS d. STREET ADDRESS	a. IS RESIDENCE
	-	WASHINGTON CO. HOSPITAL 3232 BELL VUE AVE.	YES NO
ple of		DECEASED	Day Year
execución de la completa de la compl		(Type of print) NETLIE ROY SHANK C. COLOR OR RACE, 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH P. AGE (In yeers IF UNDE	14 19 61 R 1 YEAR IF UNDER 24 HRS.
and and carb		tast birthdey) Months	Deys Hours Min.
cian cove			TIZEN OF WHAT COUNTRY
certil hysi rem		HOUSE WORK HOME DUTIES FRONT ROYAL, VA.	U.S.A.
ing p	1	13. FATHER'S NAME	
end end		WILBUR H. CAMERON 15. WAS DECASED EVER IN U.S. ARMED FORESTY, 16. SOCIAL SECURITY NO., 17. INFORMANT 23.2 dd BELL 23.2 dd BELL	WITE AVE
ath neat The	2	(Yes, no, or unknown) (Hyesg vewarardatesofservice) NONE NONE RAYMOND E. SHANK HAGERSTOW	
es the clan. Clan. by the clan. It was the clan. It was the clan.		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b) and (c)]	INTERVAL BETWEEN ONSET AND DEATH
hysic ned	È	PART I. DEATH WAS CAUSED BY. Acute Dilatation, right ventricle	10g hour
ng p ng p sig r trans		Conditions, if any, which the Pulmonary Emphysema	18 month
he la lendi beel beel urial-	<u>,</u>	geve rise to immediate couse	
Tark has be	<u> </u>	(a), stefing the underlying but to grave last. Bronchial Asthma	18 month
ILAN ital ci icate icate as if	<u>0</u>	PART II. OTHER SIGNIF CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
rsic hosp sertif	LO L	None 20e accident was underlying 1 20b. Describe How INJURY Occured. (Enter nature of injury in Pert Lot from 18.)	YES X NO
PH Fig.		OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
P de la company	P	C 200 Maria	ounly) (State)
IND aine aine R. A defe	<u>.</u>	Hour am. While Not While Not with a swork	
		21. I certify that (I) (%) (%) (%) attended the deceased from NOV. 14 19 01 10 NOV. 14 19 01 NOV. 14	9, that (I) (¥e) las
IR DE		saw the deceased alive on	the date stated above
H 4 H	D	M.D. PHYS. M.D. STAFF M.D. PHYS. DIRECTOR PHYS.	11-15-01 SIGNE
Page 4		PHYSICIAN S NAME (Type) William T Layman W D.	Arts bla.
FUNITED STATES	2	NAME (Type) William T. Layman, M.D. Hagerstown, ME ryland 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or country)	inly) (State)
	3	REMOVAL (Specify)	***
pii pii VRA∜S,4	M	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR	S SIGNATURE
15M 7 61	13	Margaret R. Hauslan OCLEAR SPRING, MD. DATE NOV 21 '61 Cillur	S. Krans
		1	



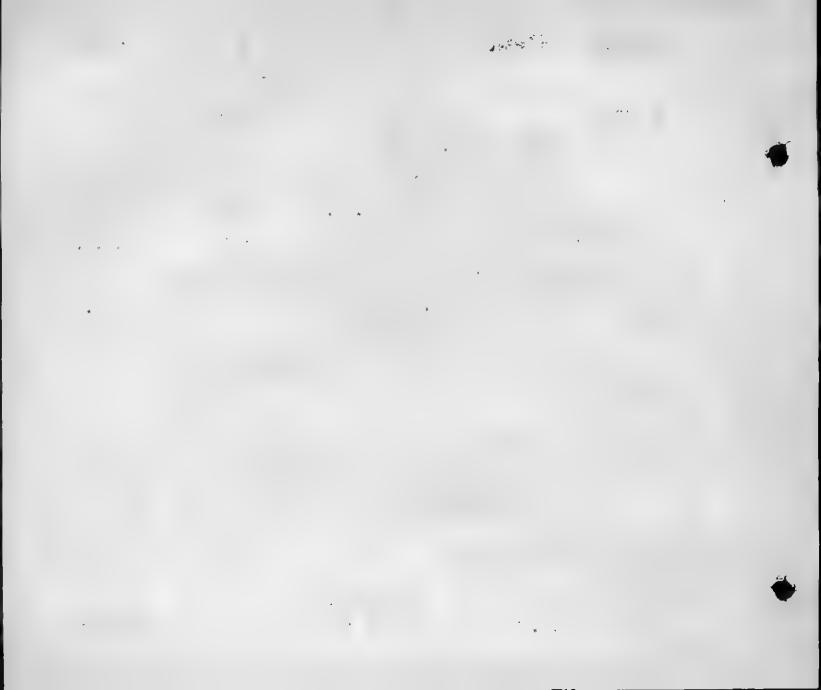
PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY in by the f s f and 2 s fter death. WASHINGTON b. CITY OR TOWN (if outside corporate limits. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) E. LENGTH OF STAY IN 16 Pages 1 write RURAL and give nearest town) d. STREET ADDRESS HACERSTOWN 17 UAYS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) n. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle pape DECEASED DEATH (Type or print 1961 NOVEMBEIL -IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months ! VIS. WIDOWED W DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. JSUAL OCCUPATION (Give kind of work BUSINESS OR INDUSTRY done during most of working life, even if retired) TRIED . CO. MD. FATHER S NAME please attending p G_ROSSNICKLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give were r detes of service) physician. LEARSPRING INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: de IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause **DUE TO** (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'n'ury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stete) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work at work 21 I certify that (I) (this hospital) attended the deceased from London saw the deceased alive one 22b. DATE 22a. SIGNATURE STAFF SIGNED ATTENDING MED DIRECTOR PHYS. PHYS. 14 FUNZRAL 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) NAME OF CEMETERY OF CREMATORY (State) 236. BURIAL, CREMATION. 236 23c REMOVAL (Specify) 5 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR DATE NOV 1 3 VR A15 43c OONSBORD



FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad livad, If institutions Rasidance bafora edmission) a. COUNTY r death, if a leasy is necessary, and 3 to the cleaned director, Page may be retained for your files.

2 with the State Board of Health. e. STATE **b.** COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Hancock Hancock Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Route in Corp.limits YES NO [d within 24 hours after death. If a nation 18. Give Pages 1, 2, and 3 to the with form PM3. Page 5 may be retain rmit. File pages 1 and 2 with the Stary event within 72 hours, after death NAME OF 4. DATE Month DECEASED OF (Typa or print) DEATH Roscoe 19 61 Quincy 16. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Dava Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Tax Collegtor Tax Collector Hancock Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Andraws 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (Ifyasgivewer or detas of service) Office along with fe a burial-transit permit, amoval, and in any e Mrs Maude L Shives Hancock Md. No MEDICAL EXAMINER: This certificate should be executed in pencil in Item 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 420.0 DUE TO Conditions, if any, which gave rise lo immadiate couse "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR. Page 3 should be used as a DUE TO (a), stelling the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8); 19, WAS AUTOPSY PERFORMED? cute the certificate, writing the word NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (State fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection A and in my opinion Homicide death resulted from: Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER -Address (Street, city, town, or county) should 224. BURIAL, CREMATION CEMETERY OR C 22d, LOCATION (City, lown, or country) (State) REMOVAL (Specify) <u>v</u>40 9 Presbyterian Warfordsburg Fulton Buria DEC 4 artius d. 14. 161 A15ME 5M 7/59

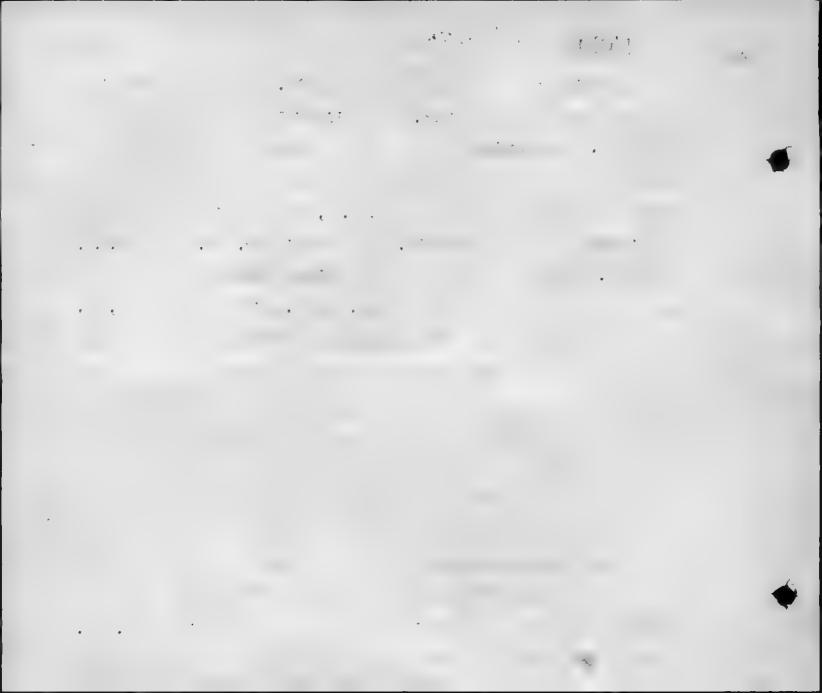
MARYLAND STATE DEPARTMENT OF HEALTH



within 24 hours ofter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

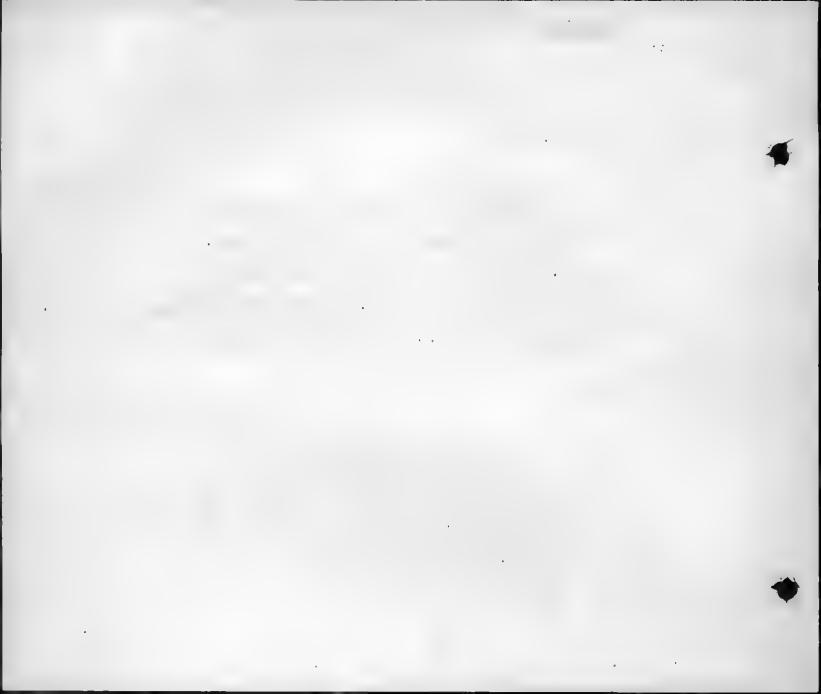




TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	irector,	93 page 3 shauld be detoched for use as the burial-transit permit. Then please remove curbon papers. Pages 1 and 2 shauld be filed with	1	Â
deoth.	merol d	d be fil		
after	the fu	shaul	1	_
hours		puo		
thin 24	ly fille	oges	deoth.	
ned w	mplete	Ders, F	s ofter	
execu	on pur	od no	2 haur	
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The l	ing phy	burial-	remotic	
ICIAN	attendi ertifical	os the	rrial, a	
3 PHYS	itol or this co	or use	ar to bi	
NION	e hasp 8: After	ched f	alth pri	
R ATTE	d by #	be dete	of Hec	
9	AL DIS	ploor	Baord	
HOSPIT	TO FUNERAL DIRECTOR: After this certificate has been significant.	ge 3 sl	the State Baard of Health priar to burial, cremotion, or removal, and in any event, within 72 haurs ofter death.	
101	E 0	bd	the	
VR 15	A15 M 9/	(4) 59		

Scott F. Minnich & Son

38. 17	,	CERTIFICA	IE OF	DEATH				TOT	30	
1 PLACE OF DEATH			2 USUAL o. STAT		nere deceased	lived. If institution	n Residence	before adr	nission)	
Washir	Maryl	and	b. COUNTY	Washi	ingto	n				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				CUY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Hagersto		35 years	2.7	Hage	rstow	n				
d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STRI	ET ADDRESS				e. IS	RESIDENCE	
	County Hosp	pital	1	841 Ma	rylan	d Ave.			□ NO □	
3. NAME OF DECEASED	First	Middle	Ā	Last	4. DATE	Mont	h	Doy	Yeor	
	oldie I	Elizabeth	Smi th		DEATH	Novemb		5	1961	
5. SEX 6.	COLOR OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF UI		
Female	White WIDOW		Augus		1898	63 yrs.		2073	175 mill	
10a. USUAL OCCUPATION (during most of working	Give kind of work done 10b. life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIE	THPLACE (State	or foreign co	untry)	12.CITIZ	EN OF WHA	TCOUNTR	
House Wife		Own Home	C	ito	Pen	n.				
13 FATHER'S NAME			14. MOTH	IER'S MAIDEN N	VAME					
Georg	ge W. Mayhug	gh		Anna	Carba	ugh				
15. WAS DECEASED EVER IN {Yes. no or unknown} (If ye	U. S. ARMED FORCES? 16. s. give war or dates of service)	SOCIAL SECURITY NO. 17.1	NFORMANT			Addn	ess			
		Mr	s. Pa	tsy Am	sley	Hage	rstor	m,	Md.	
	Enter only one couse per lu	ne for (o), (b), and (c)]		0	-			INTERVAL ONSET A	BETWEEN DEATH	
PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o)	<u>'ovonan</u>	40	-cclu	sia	M		11	rous	
4201	DUE TO	a -t .	7							
Conditions, if ony,		antenias	cle	rosis				110	92	
gove rise to imm couse (o), stating the									/	
lying couse lost.) (c)							<u> </u>		
PART II. OTHER: 200 ACCIDENT WAS U OR CONTRIBUTING II (IF EITHER, NOTIFY MEI	SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATI	D TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	PEI	AS AUTOPS RFORMED?	
200 ACCIDENT WAS U	NDERLYING 206. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter not	ure of injury in I	Part I or Port	II of item 18.)			<u> </u>	
OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH DICAL EXAMINER)									
3 20c. TIME OF INJURY	Month, Day, Year 20d. II			JRY (Home, form		or Iown)	(Co	ounty)	(Stot	
YOUR OF INJURY Hour o. m.	19 While of world		ctory, street,	office bldg., etc	:.) }					
		led the deceosed fram.	10-0-7	10	57.10	Mor 5	10/0	/ share (1	\ (\ l	
sow the deseased		19 6 / and that								
220. SIGNATURE	dive on 11 C	1/32.3 · dird indi	deoin occi	Mied OI - F	and dioliti	the couses one	of the	dole slot	226 DATE	
106	ert Vh Car	upbell	M.D PHYS	20 DI	ED.	STAFF PHYS		11/	7/6	
22c PHYSICIAN'S NAME (Type)	oberTUh. (Campbell	22d. A	JGEYS.	Town	md.				
230. BUR AL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY	OR CREMATO	RY	23d. LOCAT	ION (City town, o	r county)	(State}	
REMOVAL (Specify) Burial	11-8-61	Brethern C	hurch	Cem.	Wel	sh Run.	Pe	enn.		
24 FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS		250. REC'	D BY REGIST		TRAR'S SIG	NATURE		
Scott F. N	finnich & So	n Bagareta	WIN IN	DATE NO	W 9 '6'	1 Clut	Aug 8. 7	Trave		

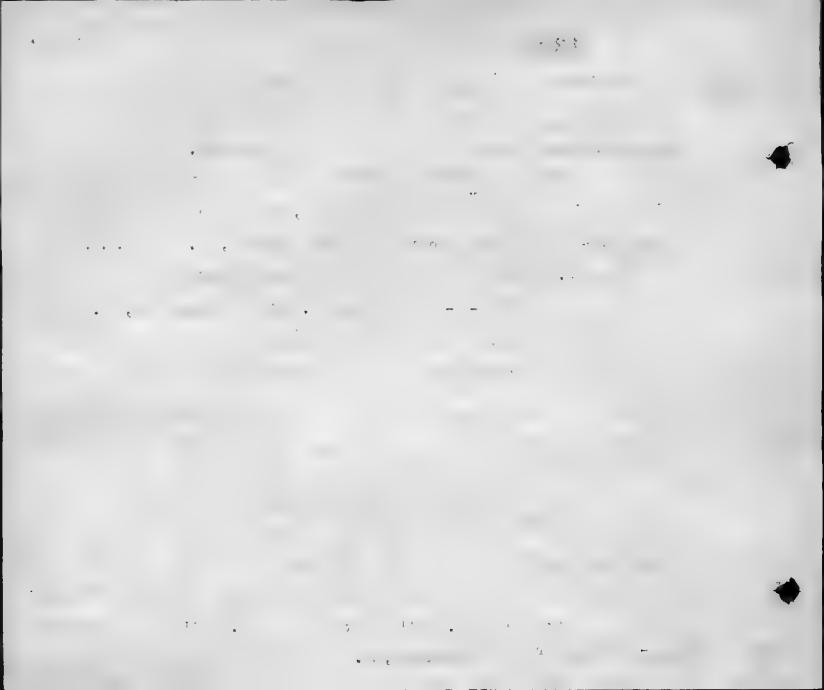


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	PLACE OF DEATH	7		ENCE (Where dac	eased lived, li nstitut on	n: Residanca E	afore admission)
1	Washington	MARYLAND	a. STATE Ha	aryland	b. COUNTY	Washin	gton
Λ'	b. CITY OR TOWN (if outside corporate limits, C LENGTH write RURAL and give neerest lown)	OF STAY IN 16	c. CITY OR TOW	'N (If outside corpo	eta limits, write RURAL	end give neer	est town)
	Hagerstown most	of life	03	Hagerst	OWN		
i '	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	el address)	d. STREET ADDRE	55		8	ON A FARM?
	Washington County Hospital		17155	Potomac	Ave.	1	ES NO DE
	DECEASED	idd e	Last	4. DATE OF	Month	Dey	Year
	(Type or print) JESSIE LOREN	A SMI	ET H	DEATH	November	25	1961
5.	SEX 6. COLOR OR RACE 7. MARRIED IN NEVER	MARRIED 3. D	ATE OF BIRTH	9	AGE (In yeers IF UNDE last birthdey) Months	-	UNDER 24 HRS.
		VORCED 🔲 Fet	oruary 1,	1900	61 yrs. Months	Deys H	ours Min.
10a do:	USUAL OCCUPATION (G ve kind of work 10b. KiND OF BUSINg during most of working life, even if retired)		II. BIRTHPLACE (C	County & Stele, or fo	preign country) 12. (CITIZEN OF W	HAT COUNTRY?
13.	Deputy Clerk Cicuit C		Wilson I	District,	Md.	U.S.A.	
	George S. Fockler			aura Kate	Mitchell		
15. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU., no, or unknown) (Ifyesgivewerordetesofservice)	RITY NO. 17, INF	ORMANT		Address		
	no 220-18-0		eorge H. S	Smith	Hagerstown	Md.	
	18. CAUSE OF DEATH [Entar only one cause per line for (a), (b)	, end (c).]					AL BETWEEN AND DEATH
	PART I. DEATH WAS CAUSED BY:	1516	fail	レトユ		2	brs -
	443 × DUE TO				,		
	Conditions, if any, watch) (b) #+ Peyt	ensive	Cardi	O NSEC	MEL DILES	14 2	724.
	gave rise to immediate ceusa (a), stelling the underlying DUE TO						*
	couse lest. (c)						
No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT R	RELATED TO THE TER	RMINAL DISEASE C	ONDITION GIVEN IN PA	RT 1(a) 19.	WAS AUTOPSY PERFORMED?
3						YES	□ NO N
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW II OR CONTRIBUTING CAUSE OF DEATH	NURY OCCURED. (E	nter nature of injury	in Pert I or Part II o	of item 18.)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCC. Hour a.m. While Not While		OF INJURY (Home, streat, office bldg.,	ferm, 20f, (City of etc.)	or town) (C	ounly)	(Stata)
	p.m. 19 at work et work						
	21. I certify that (I) (this hospital) attended the de-						
	saw the deceased alive on NOV. 2.5 196	, and that de	eath occured at	3.A.M. from	the causes and on	the date	stated above.
	220. SIGNATURE		ATTENDING	MED.	STAFF	. 21	226. DATE SIGNED
	Clorda Hoffman	d.M.	РНҮБ.	DIRECTOR	PHYS.	(41/	27/6/
	22c. PHYSICIAN'S NAME (Type) Lloy LA. HOFFm	20	22d, ADDRESS	Data as	ct 11	a mucha.	in hil
			1	o to mac		erstov	7.771
	REMOVAL (Specify)	OF CEMETERY OR			TION (City, lown or colu	72-62	(Stata)
		Paul's Cen			aul's		yland
2S	funeral director's signalize uter - Rouzer Funeral Home				AR 25b. REGISTRAR'		•
1_/	· franklin longer Hage	rstown, Md	DATE	10V 2 9 '61	Chillus S.	Thraces	

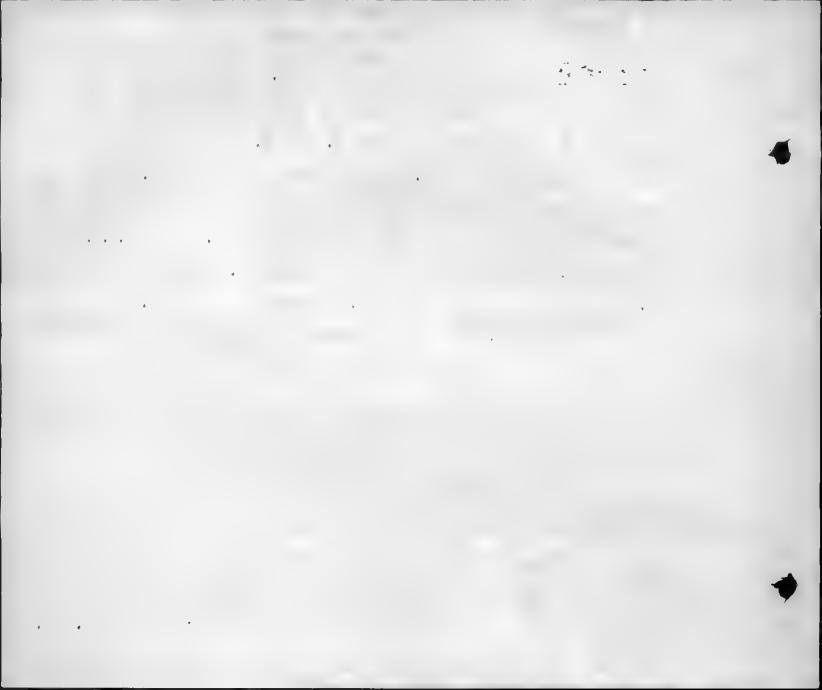


MARYLAND STATE DEPARTMENT OF HEALTH

ing. . . 1 , Same 2 u ...

	[3209		CERTIFIC	ATE OF D	EATH		Reg. Dist. No.	3193
I. PLACE OF DEATH	,	ngton	MARYLAND	2 USUAL RESIDE	NCE (Where decease	d lived If institution b. COUNTY	on. Residence before Washing	
RURAL and giv	e nearest tawn)			c. CITY OR TO	3		JRAL and give near	est town)
d. NAME OF HO	SPITAL (If not in hospital, giv ON	re street oddress	}		DRESS _		75 X-1	IS RESIDENCE ON A FARM? YES NO E
3 NAME OF DECEASED	First		Middle	Last	4. DATE	122	,	Yeor 19 61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years last birthday)		
10a. USUAL OCCUPA during most of	ATION (Give kind of work do working life, even if retired)			ISTRY 11. BIRTHPLA	CE (State or foreign o	ountry)		WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S A	MAIDEN NAME			
15. WAS DECEASED (Yes, no. or unknown)				INFORMANT	4	Addr	ess	
18. CAUSE OF	DEATH WAS CAUSED BY:	se per line far (r		e orach	Inger, Sau	Chable 1	INTER	VAL BETWEEN T AND DEATH
Conditions, i	O DUE TO	R	teins	levote:	Heart N.	Macc	Ser	ener ella
gave tise to cause (a), stati	immediate DUE TO							11
PART II.	OTHER SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO 1	HE TERMINAL DISEAS	E CONDITION GIV		WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH	206. DESCRIBE H	IOW INJURY OCCURR	ED. (Enter nature of	injury in Part I or Par	t II of item 18)		
Haur a.	m. 19	While N	lat white	LACE OF INJURY (Ho actory, street, office b	ome, form, 20f. (City oldg., etc.)	ar town)	(Caunty)	(State)
21. I certify	that attended the Arrenter 3	deceased fro	•	,				
ACTUAL SIGNATURE	Edne	nB 1	lowly	M.D			stote)	DATE SIGNE
PHYSICIAN'S NAME (Type)	Edse	nB/	Moody		Ha	gento	un ha	/
		22 c.						ol, Pa.
23. FUNERAL DIRECT	OR'S SIGNATURE	A	DDRESS		24a, REC'D BY REGIST	TRAR 245 PEGIS	TRAR'S SIGNATURE	:
	D. COUNTY b. CITY OR TOWN RURAL and give Hage: d. NAME OF HOO OR INSTITUTION: Washi. J NAME OF DECEASED (Type or print) 5. SEX Female 100. USUAL OCCUP, during most of HOU 13. FATHER'S NAME Fre 15. WAS DECEASED (YeL no. or unknown) NO. 18. CAUSE OF PART I. I gave rise to couse [o], statilying cause to PART II. I gave rise to couse [o], statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. Statilying cause to PART II. I gave rise to couse [o]. 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Statilying cause to part II. I gave rise to couse	b. CITY OR TOWN (If outside corporate limits RURAL and give nearest lown) Hagerstown d. NAME OF HOSPITAL (If not in hospital, give or institution washington County 3 NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE Female 10a. USUAL OCCUPATION (Give kind of work diduring most of working life, even if retired) House Wife 13. FATHER'S NAME Freeland W. Ande 15. WAS DECEASED EVER IN U. S. ARMED FORC (Yea, no. or unknown) 18. CAUSE OF DEATH [Enter only one county of dates of ser in the course (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT COND 18. CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING [1] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. TIME OF INJURY Month, Doy, Year Haur a. m. p. m. 21. I certify that attended the alive on Market (Type) 22c. BURIAL CREMATION, REMOVAL (Specify) 22d. BURIAL CREMATION, REMOVAL (Specify) 22d. BURIAL CREMATION, REMOVAL (Specify) 22d. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION) Washington County Hospital 3 NAME OF DECEASED (1) Washington County Hospital 3 NAME OF DECEASED (2) William William 5. SEX 6. COLOR OR RACE Female Wildowed Wildow Wildow Mildow Mi	D. CITY OR TOWN (If outside corporate limits, write a. COUNTY Washington B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown J. NAME OF HOSPITAL (If not in hospital, give street address) Washington County Hospital J. NAME OF TITLE (If not in hospital, give street address) Washington County Hospital J. NAME OF TITLE (If not in hospital, give street address) Washington County Hospital J. NAME OF DECEASED FOR RACE FOMALE J. MARRIED NEVER MARRIED NEVER MARRIED NOW TO DIVORCED J. NO. SUJAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife J. FATHER'S NAME Freeland W. Anderson J. FATHER'S NAME Freeland W. Anderson J. FATHER'S NAME Freeland W. Anderson J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. MARRIED NOW TO DIVORCED J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. WAS DECEASED EVER IN U. S. ARMED FORCES? J. FORMANDON OF THE STORMANDON OF THE PROPERTY OF THE PROPE	PLACE OF DEATH Q. COUNTY Washington Q. STATE	D. COUNTY Washington MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give secrets form) Hagerstown d. NAME OF CHOSEITAL (If not in hospital, give street address) J. NAME OF DECEASED (Type or print) J. NAME OF DECEASED (Type or print) S. SEX J. MARTHA J. N. Main St. Stouffer Martha B. Stouffer DEATH S. Stouffer DEATH S. Stouffer DEATH J. MARTHA B. Stouffer DEATH J. MARTHA B. Stouffer DEATH S. SEX J. MARIED NOVER MARRIED STOURCES (Type or print) Martha B. DATE OF BERTH G. COLOR OR RACE WIDOWED D DIVORCED B. DATE OF BERTH G. USLAL OCCUPATION (Give kind of work done 10th. KIND OF BUSINESS OR INDUSTRY) 13. FATHER'S NAME T. MARTHA T. MARRIED NOVER MARRIED STOURCES (Side or foreign or Widows of the work of the work) HOUSE WIFE 13. FATHER'S NAME I.A. MOTHER'S MAIDEN NAME Margaret K. (Tre. no. or worknown) PART I. DEATH WAS CAUSED BY. MARCHADAM DUE TO Conditions, if ony, which give kind of work of the work o	PLACE OF DEATH	I. PLACE OF DEATH a. COUNTY Washington MANTAND D. CITY OR TOWN (If ourisde caporate limits, write and the control limits). Washington D. CITY OR TOWN (If ourisde caporate limits, write and the caporate limits, write RUBAL and give menter town. In Month Hage Testown Hage Testown Hage Testown Ashington C. CITY OR TOWN (If ourisde caporate limits, write RUBAL and give menter town. In Month Month D. CITY OR TOWN (If ourisde caporate limits, write RUBAL and give near town. In Month Hage Testown Hage Testown Ashington C. CITY OR TOWN (If ourisde caporate limits, write RUBAL and give near R

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISI	ON OF	STATISTICAL RESEA		TE OF			MARYLAND)	4.0	14.6	1.6	
	13	2111		CEKIII	ICA	TIE OF	PERM					513	<u> </u>	
	LOUNTY W	ashingtor	1	MARI	LAND	2 USUAL R	Md.	here decease	b. CO		Wasl		e admissi	on)
E	CITY OR TOWN (IF RURAL and give nec Hagerst		s, write	tength of stay	IN 1b	1 73 .	R TOWN (IF		arote limits, w	rite RUI	RAL and	діче леа	rest town)
	Name of Hospital or institution Northe:	L (If not in hospitol, g	ive street (oddress)			rthe	rn Av	e.					DENCE FARM? NO
1	NAME OF DECEASED (Type or print)	Georg		Le enho			lost rong	4. DATE OF DEATH		Month N	ov.	1 (961
S. 5	male	6 COLOR OR RACE white	7 MARR	IED 🔣 NEVER MARRI		B DATE OF BI		1910	9 AGE (In) lost births 51	1 1	F UNDER	Doys Doys	IF UNDE Hours	R 24 HRS Min
10a. USUAL OCCUPATION (G-ve kind of work done during most of working life, even if refired) civil engineer constructio					Tokyo	_	pan			IZEN OF		OUNTRY?		
13.	FATHER'S NAME Ge	orge V. S	tro	ng		14. MOTHE	R'S MAIDEN		erda l	Lo e	nho	l m		
15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR	march 1	SOCIAL SECURITY NO 79-05-605		MINA ME	ary St	trong	, Hag	Addre		n, l	Md.	
	PART I. DEAT	TH [Enler only one con H WAS CAUSED BY IMMEDIATE CAUSE (o		ne for (b), and (c)	Ca	rdia	0 1	nfo	net	4	î_		RVAL BE	
	42010 Conditions, if on gove rise to im	y, which (b)		arterio	ele	whole	Ne	iari	t de	de	dale		Je	m,
z	lying couse lost.	(c)		CONTRIBUTING TO DE	ATH DIT	I NOT BELATED	TO THE TERM	IMAL DISEAS	E CONDITIO	N CIVE	NI INI PAI	T 1/01 1	O WAS A	AHTOPSY
CERTIFICATION	neur	dem	til	5	<u> </u>	NOT KEDATED	TO THE TERM	IIINAL DISEAS	SE CONTONIO	NOITE	14 114 721	(1 (0)	PERFO YES [RMED?
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	S UNDERLYING [] CAUSE OF DEATH WEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D (Enter notur	e of injury in	Port I or Po	rt II of item 1	B)				
MEDICAL	20c. TIME OF INJURY Hour o. m p. m.	' Month, Doy, Yea	While	NJURY OCCURRED Not while		ACE OF INJUR			y or town)			County)		(Stote)
		(I) (this haspital	*											
	220 SIGNATURE	land	The Contract of the Contract o	mfl	that	M D. ATTEND PHYS. 22d. AD	ING A	M, fram	STAFF PHYS	s and	an th		221	abave. DATE SIGNED 961

by the funeral director, shauld be filed with Pages 1 and physician and campletely filled in event, within 72-bours after death carban papers. Then please remave moy be __ned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached for use as the burial-transit permit. Then please re the State Board af Health priar to burial, cremation, ar remaval, and in any eve

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 24

action after death Page 4

TO HOSPI VR A1S (4) 1SM 9/S9

ADDRESS 24, FUNERAL DIRECTOR'S SIGNATURE

23b. DATE THEREOF

11-22-61

BURIAL, CREMATION.

REMOVAL (Specify)

RICHARD T. BINFORG,

Arlington Nat. Cem. Ft. Myer, 25a. REC'D BY REGISTRAR

25b. REGISTRAR S SIGNATURE

J. Haus

Va.

(Stote)

POTOMAC AVENUE, HAGERSTOWN, MD.

23d LOCATION (City, town, or county)

Md DATE OV 2 2 '61 Scott F. Minnich & Son, Hagerstown,

23c NAME OF CEMETERY OR CREMATORY

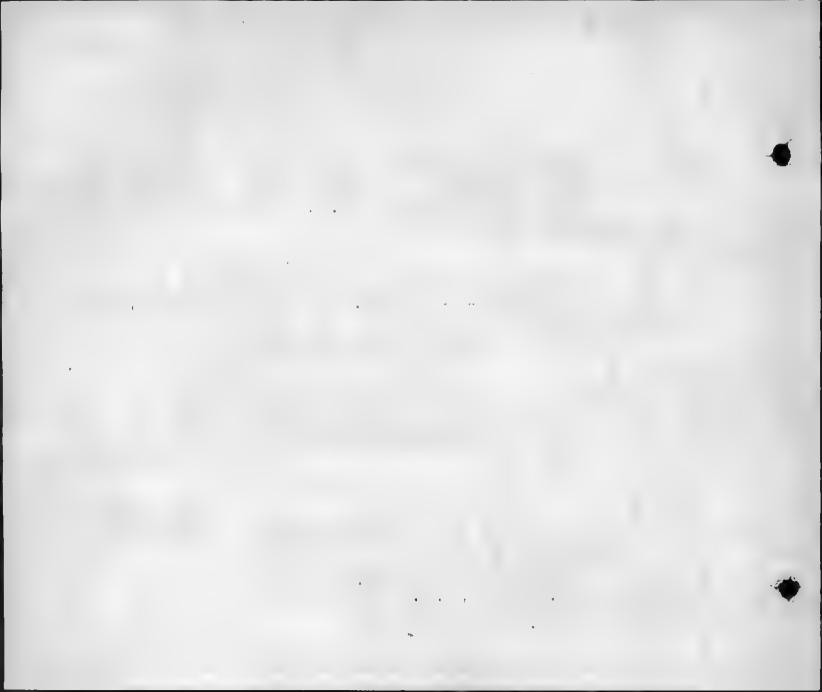
Profesoration respection 1600 triuminist view to

morningto ;

Truend Emiliad

sary, please ene-	Page 4 should be	ourial, cremation,	(1)	1)
 If any delay is nece: 	the funeral schor.	ed for your first of the feet	Ĉ	Í	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe-	chificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funer, "Sotor. Page 4 should be	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-fransit permit. File pages 1 and 2 with the registrar prior to burial, cremotion,	7	W target and the same of the s	
hould be executed with	pencil in Item 18. G	burial-transit permit.			
VER: This certificate sh	e ward "pending" in	3 should be used as a		c	
Z MEDICAL EXAMIN	elificate, writing th	AL DIRECTOR: Page	ől,	2	
TO DEPUT	cute th	TO FUNER	or remov		

	MARYLAND S	TATE DEPARTME	NT OF HEALT	H-BALTI	MORE, 18	3		
	13211 MEDICA	L EXAMINER'S	CERTIFICA	TE OF D		tag, Dist. No	319) L F
	PLACE OF DEATH a, COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
-	wasnington	MARYLAND	Maryland		b. county Wash:			
ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	Fautside corpora	te limits, write RUR	AL and give A	earest law	n)
ŀ	Hagerstown	20yrs,	Hagerstow	n		1.5		
M	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	sital, give street address)	d. STREET ADDRESS			1		FARM?
4	22 North Potomac Street		22 North	Y	Street		YES 🗌	NO T
1	3. NAME OF DECEASED	Middle	Lost	4. DATE OF	Manth	Day	Yes	
١ŀ			Stultz	DEATH	Novemb			61
	**			1 6	out burhday) Mo	onths Days	IF UNDER	R 24 HRS. Min.
-			Jan. 8, 18		66 yrs.	O CITITEN O		ALL IN PRODUCTION
	10a. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired)	IND OF BOSINESS OK INDOSIK			ואו	12. CITIZEN Q	F WHAT C	QUNIRTY
ŀ	Janitor 13. FATHER'S NAME		Marylan 14. MOTHER'S MAIDEN			_USA_		
ł	Joseph Stultz		Nemmi					
-		SOCIAL SECURITY NO. 117, INN			Address			
	(Ver on ar unknown) a til see olise some on datas at seminal	5 70 mate	s. Clara Be	ans	Frederi	ck, Mar	yland	i
ſ	18. CAUSE OF DEATH [Enter only one cause per line t	or (a), (b), and (c).]				INTE	YAL BETWEEN	H
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	conary occlusio	n of circum	flex an	d			
1	V. / DUETO	ht coronary ve	seele			Tw	med.	
1	Canditians, if any, which (b) (b)							
-1	(a), stating the underlying DUE TO Advanced atherosclerosis severe							re
-1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS							
1	FART II. OTHER SIGNIFICANT CONDITIONS CO			NAT DISEASE CA	MULLION GIVEN I		PERFOR	MED?
1	Hypertensive cardiova	HOW INJURY OCCURRED. (En		a Loo Dest II of 7	10.1	1	YES [но 🗌
	CAUSE OF DEATH.				tem te.j			
	Hour a, m. While		E OF INJURY (Home, fam ry, street, affice bldg., sto	20f. (City ar	lawn)	(County)		(State)
П	21. I certify that I taak charge of the r		e held an Autans	v XI Inso	ection , I	nguiry 🗍	ond fi	ad that
۱	death resulted from: Natural causes [7]				etermined caus	·	, ond II	ng mg
1)	isc [], Haimeld	, <u>CI</u> , Olide	Terminea cao.	~ Ш.		
SIGNATURE M.D. CHIEF MEDICAL EXAMINER							DATE SIG	SNED
	EXAMINER'S NAME (Type) Edward W. Ditto 1	Ac	ASSISTANT MEDICAL	_	3	1	1/7/6	51
-	22g. BURIAL CREMATION, 27b. DATE THEREOF	22c. NAME OF CEMETERY OF C	REMATORY	22d. LOCATION	(City, town, or co	ounly)	(State)	
1	REMOVAL (Specify) 11/11/61	Rosky hill		Rural V	Voodsbore		MD	
	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Walkers	7117 240. REC	D BY REGISTRAR				
1	Ky (1. 1. September	Malan	DATE	30V 1 0 '6	(·	wa &. H	raile	



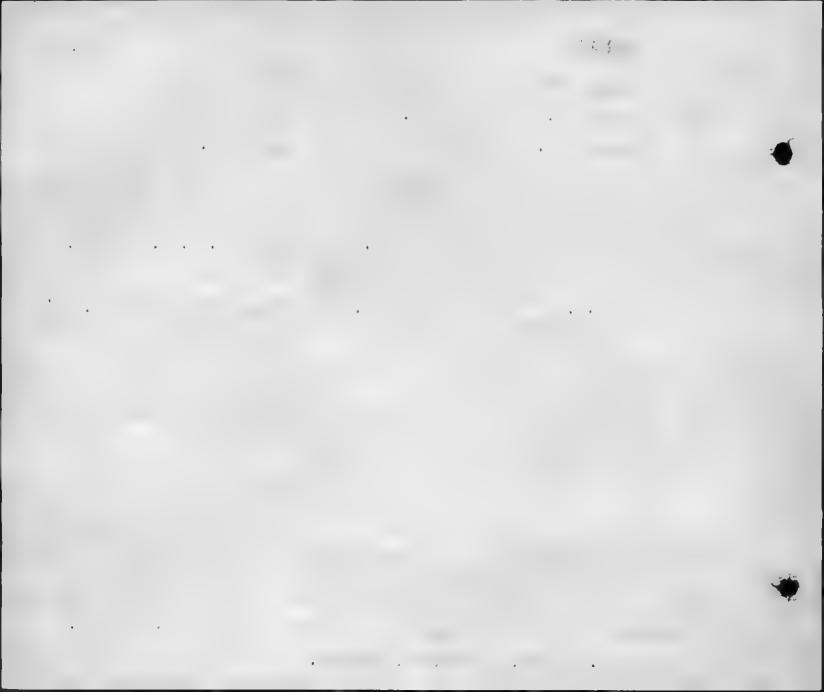
MARYLAND	STATE	DEP.	ARTM	ENT	OF	HEALT	H

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13212 CERTIFICATE OF DEATH

13196

		PLACE OF DEATH	2. USUAL RESIDENCE (Whara decessed lived, If institutions Residence before admission)
		Washington MARYLAND	. STATE Maryland b. COUNTY Washington
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give naerast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Hagerstown Rt.#2 4 Mos.	//2 Hagerstown
5		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
		Gateway Conv. Home	1497 Salem Ave.
V		NAME OF First Middla DECEASED	Last 4. DATE Month Day Year
J		(Type or pr.nt) ALBERT LEWIS TROUPE	DEATH November 29 1961
	5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE [In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Male White WIDOWED DIVORCED [] (October 11.1889 73 yrs. Months Deys Hours Min.
	10a	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY na during most of working life, even if relired	Y 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
			. Funkstown, Wash. Co. Md. USA.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Scott Troup e	Ella (No Record)
	15. (Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO 17. 1: s, no, or unknown) ((Ifyesgivewerordalesofservice)	Hagerstown, Laryland.
	,,,,	Yes W.W.#1 217-09-9546 Mrs	s. Lewis Penner, 149? Salen Ave.
	-	18. CAUSE OF DEATH [Enter only one cause par I no for to (b) and (t)]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B)	diac Diolase Typian
		434,4 DUE TO	V
		Conditions, if any, which (b)	
		gava rise to immadiata causa DUE TO	
		cause last. (c)	
	ž	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	TY.	Proplatic HABE	rtrokhe YES □ NO X
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING _ 206 DESCR.BE HOW IN MAY OCCURED.	. (Enter nature of in ury in/Part II or Part II of Item 18.)
	- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	for the	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
	MED	Hour a.m. While Not While set work 19 at work at work	
		21. I certify that (1) (this hespital) attended the deceased from."	Vefot 1.1, 196/ to Vov & 9.1, 19.6. /that (1) (we) last
		saw the deceased alive on 1/605 28,19.6.1, and that	death occured at. A., from the causes and on the date stated above.
		22a. SIGNATURE	ATTENDING MED STAFF , Z2b. DATE
			D. PHYS. DIRECTOR PHYS. 14/30/6
		122c. PHYSIC AN'ST ANIST ANIST REPORT OF THE PROPERTY OF THE P	22d. ADDRESS
		David III TEWES	lear young ma,
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (
		Burial 112/1/61 Rose Hill C	Semetery Hagerstown, Maryland.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC 4 61 Cuthun & Kanan
٠	<u>_</u>	Andrew K. Coffnan, Hagerstown, Mar	

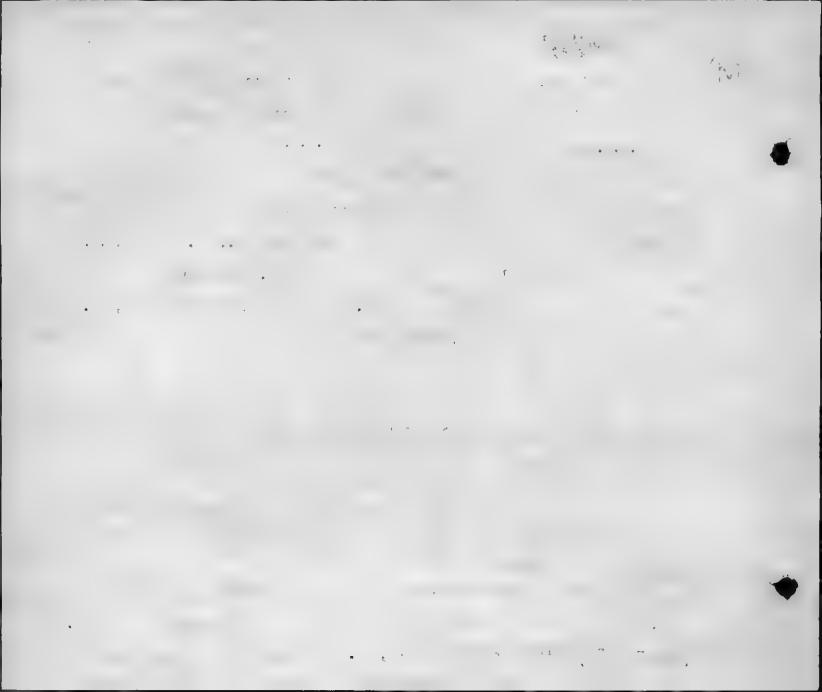


Burial

1	MANYLAND STATE DEPARTMENT OF HEALTH
To Co	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH
2 should	1. PLACE OF DEATH a. COUNTY Washington Washington ARRYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution of the county of the c
Pages 1 and purs after deat	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown) Rural Clearspring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) R.F.D. # 1 c. CITY OR TOWN (if outs'de corporate limits, write RURAL Regard Clearspring d. STREET ADDRESS R.F.D. # 1
and complete y fille carbon papers. Pag	3. NAME OF DECRASED (Type of print) GERTRUDE ELIZABETH VANCE OF DEATH November 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in yeers If UNDE lest birthdey) Months Female White WIDOWED DIVORCED October 13,1869 92 yrs.
g physician ase remove in any ever	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME 10b. KIND OF BUSINESS OR INDUSTRY 11. 8 RTHPLACE (County & Stete, or foreign country) Washington Co., Md. 14. MOTHER'S MAIDEN NAME
on. y the attendin nit. Then ple removal and	Lewis Schnebly 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyasgivawarordalesofsarvice)' no 18. CAUSE OF DEATH Enter only one ceuse per sine for (s), (b), end (c).] Mary C. Middlekauff Address Address Catherine Roney Clearsprin
l or aftending physici, the has been signed by the burial-transit per burial, cremation, or	PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, which gever rise to immediate cause (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.
by the hospital of this certificate hed for use as it leafth prior to by leafth prior to by	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HAVE THE TERMINAL DISEASE CONDITION GIVEN GIVE
4 may be retained AAL DIRECTOR: Aft age 3 should be detact ith the State Dept, of F	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED While at work 19 20d. INJURY OCCURRED Flace of INJURY (Home, ferm, 20f. (City or lown) 21. I certify that (I) (this hospital) attended the deceased from NOV8, 190 I, to NOV 12, 12.
FUNE sctor, p filed w	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or exception)

NCE (Where deceased lived, if institution; Residence before admission) b. COUNTY ryland Washington (If outs'de corporate limits, write RURAL and give naerest lown) ral Clearspring a. IS RESIDENCE ON A FARM? YES NO DATE Month Yeer 1961 DEATH Nevember 12 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday] 1869 unty & Stete, or foreign country) 12, CITIZEN OF WHAT COUNTRY? ton Co., Md. U.S.A. N NAME C. Middlekauff Address Clearspring, e Roney ONSET AND DEATH AINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY SE YES NO X n Pert I or Pert If of item 18.) 20f. (City or fown) (County) (State) 12 ..., 1961, that (I) (we) last ... 3.5 (Am) the causes and on the date stated above. MED STAFF PHYS. SIGNED -13-61 SPRING. MARYLAND 23d. LOCATION (City, town or county) Rose Hill Cemetery Hagerstown Md. 24 FUNERAL DIRECTOR'S SIGNATURE Suter - Rouzer Funeral Home Hagerstown, Md. 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

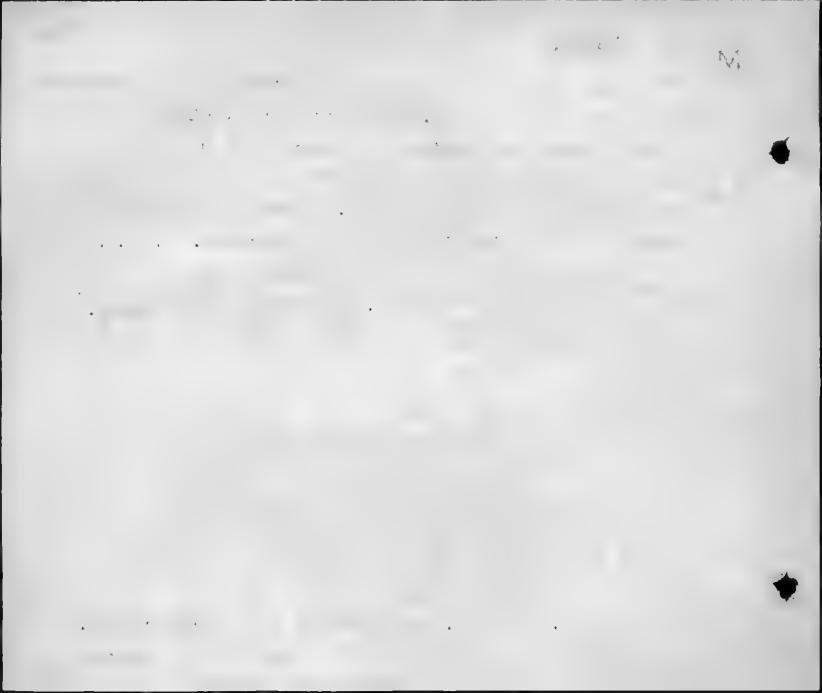
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYJAND 8

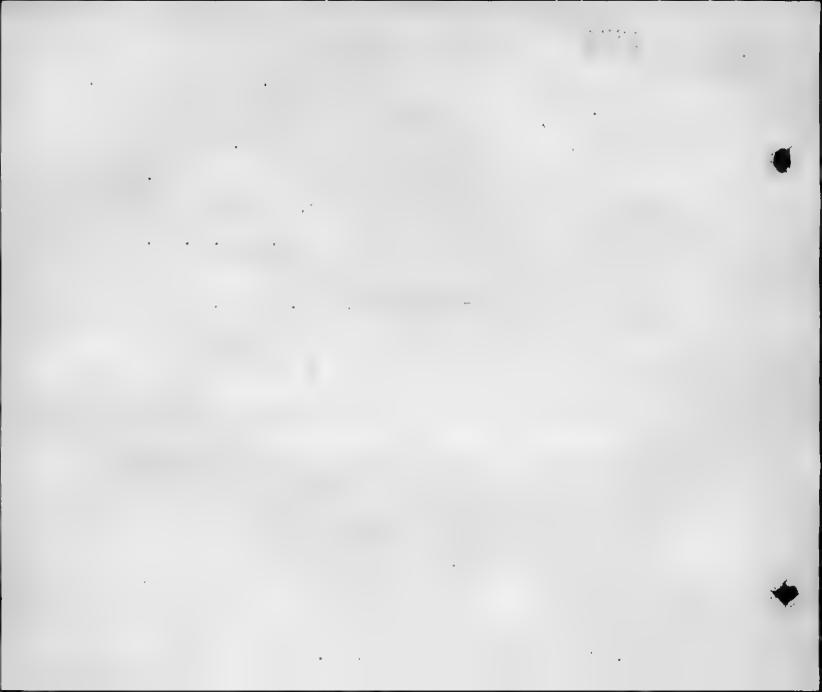
}	1. PLACE C	OF DEATH	=	2. US	UAL RESIDENCE (W	here deceased lived, If insti	tution: Residence be	fore edmission)
	Wasl	hington		e. S YLAND	Maryla	ind b. COUNTY	Washing	ton
	b, CITY Q	R TOWN (if outs de corporate I m RURAL end give neerest town)	olls, c. LENGTH OF S	TAY IN 16 C. C	ITY OR TOWN (If outside	de corporate i mits, write RU	RAL and give neere	st town)
	Hage	rstown	6mo.5		Boonsboro	(Rural)		
1		OF HOSPITAL OR INSTITUTION	and and	1-	TREET ADDRESS	4.		ON A FARM?
AT.	Weste:	rn Maryland S		1 Boo	10 0 10 11	RFD #1	The same of the same of	S NO X
ı	DECEME			3 100	Last 4. D		Dey	1961
	5. SFX		7. MARRIED NEVER MARR		- / 1 / 1	19. AGE (In Years IF)	UNDER I YEAR! IF U	
	Male		WIDOWED TO DIVORG	1 BT	13 1884	76 yrs.	onths Days Hor	
	1Da. USUAL	OCCUPATION (Give kind of wor most of working life, even if retir	L IDS. KIND OF BUSINESS	OR INDUSTRY 11 3	RTHPLACE County & St	ate or foreign country)	12. CITIZEN OF WH	IAT COUNTRY?
	Skei		"Silk Mill	Fa	lling Wat	ers W. Va.	U.S.A	
	13. FATHER			1 14. MO	THER'S MAIDEN NAME			_
		Daniel Wal			Annie W	alters		
	(Yes_no, or u	CEASED EVER IN U.S. ARMED FO Inkown) (if yesgive werordetes of				628 ^{Ad} An t	ietam Dr	ive
	NO		274 22 00	zumr. sa	muer wark	er Hagersto	own Md.	
		USE OF DEATH Enter only on RT I. DEATH WAS CAUSED BY:	e ceuse per line for (e), (b), end	(c).1			ONSET A	AND DEATH
		MMEDIATE CAUSE (0						vecks
	Conditio	ns, if eny, which	Carcinoma neck obsi	. el- the	prostate	will vesice	al 11st	harron
	gove rise	to mmediate cause	neck of st	button	,		CONST	LILUWIL
i	(e), stet	ing lite numeriking		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Z PAR	T II. OTHER S GNIFICANT COND	ITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATE	D TO THE TERMINAL D	SEASE CONDITION GIVEN		AS AUTOPSY ERFORMED?
	N S	Arterios cl.	erotic hea.	it dise	ase		YES (NO NO
		CIDENT WAS UNDERLYING THE	206. DESCRIBE HOW INJUR	OCCURED. (Enter ne	ture of injury in Pert I or	Peri II of Item 18)		
		R, NOTIFY MEDICAL EXAMINER	1					_
	101	AE OF INJURY Month, Day, Your s.m.	WhileNot While		JURY (Home, farm 20) , office bldg., etc.)	t. (City or town)	(County)	(Stete)
	`	p.m. 19	et work et work	- //	3 -9	. 11-2		
		ertify that (I) (this have				110.11-2		
#	4 - 1	e deceased alive on	190.	and that death	occured al	from the causes and	on the date s	22b. DATE
,	220. 310	Holling	6. Elic	ATT M.D. PHY	ENDING MED.	OR PHYS.	11-2-	SIGNED
		YSICIAN'S	1/0 to 011	220	ADDRESS		A	
	NA	ME (Type) YOO	NG GCH	0/1/ 1/3	00 tenue	L AVE Hay	gernown	2 Mode
		, CREMATION, 236 DATE THE			1_	LOCATION (City, town	. ''	(Stete)
	BUPIE	1Specify) Nov. 4	-61 St. Pa	uls Ceme		ar Clearspi		n
	24 FUNERAL	*DIRECTOR'S SIGNATURE	78 MADDRESS	sost m	1/	REGISTRAR 25b. REGIST		
	<u>ull</u>	TOUT X X ESP		Louis ac	DATE NON 6	OI Onle	us 2. Thouse	



13215	CERTIFICATE	OF DEATH	13/61 iw	k	13199
1. PLACE OF DEATH		2. USUAL RESIDEN		lived, If Institution, R	esidence before edm ssion)
Washington	MARYLAND	e. STATE Mc		b. COUNTY	sh.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c, CITY OR TOWN (lf outside corporate lin	mits, write RURAL end	give neerest town)
Hagerstown	b45 years	Hagersto	wn 15		
d. NAME OF HOSP TAL OR INSTITUTION (if not in	hospiter, give street eddress)	d. STREET ADDRESS	1		1 6. IS RESIDENCE
201 Ross St.		201 Ross	St.		YES NO
3. NAME OF First DECEASED	M ddle	Las*	4. DATE	Month	Day Year
(Type or print) Nora	Elsie	Weaver	OF DEATH	Nov. 29), 19 61
S. SEX 6. COLOR OF RACE 7. MA	RRIED NEV ARR ED 1 8.	DATE OF BIRTH	, 9. AGE	(In years IF JNDER 1	
female white wido			382 79°	irthdey) Months yrs.	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	6. KIND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (Coun	ty & State, or foreign	country) 12. CITI	ZEN OF WHAT COUNTRY
house work		Edgemont,	_	.,Md.	_
13. FATHER'S NAME		14. MOTHER'S MAIDEN		***	
David Shank			Clar	a Miller	•
5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
(Yes, no, or unkown) (Ifyesgivewerordalesofservice)	220-34-0838 F	loward W. W	Weaver, H	lagerstow	n, Md.
18. CAUSE OF DEATH Enter only one couse					I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (a)		PRDIAL	INFARO	T	MINUTES
42011 DUE TO					
Conditions, if eny, which \ (b)	CEREICIALIZ	1211 ATTIES	sclaunci	c	CIE.C
gave rise to immediate cause	G-C/-C/C// V · ·	1-21 1/11	0000071	•	7-5
(e), sleting the underlying DUE TO					
ceuse lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS 20e. ACC.DENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH Of (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMIN	NAL DISEASE COND.1	TION GIVEN IN PART	PERFORMED?
20e. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED.	(Enter neture of failury in I	Pert I or Pert II of Item	18.1	1.0 1.0
Hour e.m. W	Od. INJURY OCCURRED 20e, PLA: / hile Not While factor work et work	CE OF INJURY (Home, ferm try, street, office bldg., etc.	20f. (City or tow	n) (Cour	nty) (State)
21. I certify that (I) (this hospital) at	tended the decessed from	11-26	10/6/ 10	1-29 10	al, that (I) (we) las
saw the deceased alive on					
22e SIGNATURE					22b. DATE
Harold R.Trill	en _ M	THE TOTAL OF	MED. STA		11-30-61
NAME (Type) HAROLD R.	Tritch Je MI	302	N. DoTau	nc St.	Incerstoning
230. BURIAL, CREMATION. 235. DATE THEREOF	1 23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION	(City, fown or county	(State)
burial 12/2/61	Millers Chu	rch Cometer;		rsburg, M	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e, REC	'D BY REGISTRAR	25b, REGISTRAR'S	SIGNATURE
Scott F. Minnich & S	on, Hagerstown	, Md. DATEDE	C 6 '61	Chilling S.	three

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL DESEABOR AND DECORDS



TO HOSE ALL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

5 4 may be retained by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and comple.

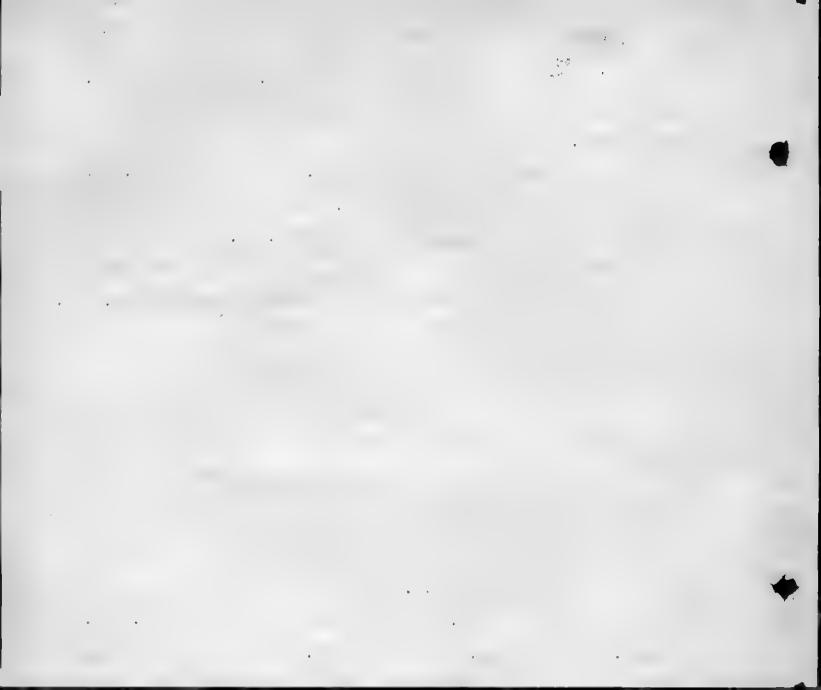
Filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 I = 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13216 CERTIFICATE OF DEATH

	PLACE OF DEATH	-	I A TRAITE DECEMBED ON	- 1	
	, COUNTY		2. USUAL RESIDENCE (Whan	b. COUNTY	idanca before admiss on;
	Washington	MARYLAND	Md.	Wa	sh.
	o. CITY OR TOWN (if outside corporate comits,	, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (Fouls da	corporeta limits, write RURAL and g	ve nearest town)
	write RURAL and give neerest town)	4 weeks	1.4		
ž.	lagerstown		X Smithsburg		
1 '	. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, giva street address	d STREET ADDRESS		a. IS RESIDENCE ON A FARM?
17	Wilson Blvd.				YES NO X
	NAME OF First	Middle	Last 4. DAT		Day Year
1	(Type or print) Samuel	Franklin	Webb. DEA	Nov.	30, ₁₉ 61
5.	SEX 6. COLOR OR RACE 7 MARK	HED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years FUNDER 1 YE	EAR IF UNDER 24 HRS.
l n	male white , wildow	PED K DIVORCED	Oct. 10, 1881	80 yrs.	ys Hours Min.
10a.		KIND OF BUSINESS OR INDUSTR	Y . 11. BIRTHPLACE County & State	, or foreign country) 12. C TIZI	EN OF WHAT COUNTRY?
dor	a during most of working I fe, aven if retired)	farming	Foxville, Md		
_	labor	rarming			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	James Webb			Rose Anne Bak	er
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? TO	SOCIAL SECURITY NO. 17.	NFORWANT	Address	
(Yas	, no, or unkown) (Ifyasgive warordatesofservice)(🍃	_			107-4
-	no l		Mrs. Josephine	Stevens, hag	., Md.
	18. CAUSE OF DEATH [Enter on y one cause per	l ne for (e), (b,, and (c))			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	tone nd 'n Tos	711110		ONSET AND DEATH
	Immibinit Chost (a)		on, tick		
	4221 DUE TO				
	Conditions, it any, which \ (b) A1	rteriosclerot	ic Carliovascu	lar Dicease	10 Yra.
	gave risa to immediate cause DUE TO				
	(a), stating the underlying DUE TO				
_	PART II. OTHER SIGNIFICANT CONDITIONS CO	THE TO DEATH A TOUR	TOTAL TER TO THE TERMINAL PASSA	CONDITION OUTS AND A PART A	AND ALCA CALLYCONG V
Ó	PART II. OTHER SIGNIFICANT CONDITIONS CO	SAIRBUTING TO DEATH BUT NO	THE RELATED TO THE TERMINAL DISEA	CAS CONDITION GIVEN IN PART I	PERFORMED?
181					YES NO T
ΙĔΓ		SCRIBE HOW INJURY OCCURED	. (Entar nature of injury in Part i or Pa	art of item 18.)	
U	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d			(City or lown) (Count	y) (Stata)
	Hour a.m. Wh		ory, street, office bldg., etc.)		
17.1	P-III- 17 1				
1 1	21. I certify that (i) (this hospital) after			10. 11-Ja. , 19.1	
	saw the deceased alive on		death occured at 2. A.M., fi	rom the causes and on the	a date stated above.
	22a SIGNATURE				22b. DATE
	w' .		ATTENDING MED.	STAFF -	T - SIGNED
	Charles Non	M	.D. PHYS DIRECTOR	PHYS	
	22c. PHYSICIAN'S NAME (Type)	3 9"	22d ADDRESS		
				, .	
230	BUR AL, CREMATION, 236 DATE THEREOF	1 23c NAME OF CEMETERY	OR CREMATORY 123d. L	OCATION (City, town or county)	(State)
	REMOVAL (Spacify)			ederick Co.,	
	Jai Lai	Me. Decuer			
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		GISTRAR 25b. REGISTRAR'S SIG	
1 5	Scott F. Minnich & Sc	on. Smsithsbu	rg. Md DATE DEC 4	'61 arthur &	Hanset.
I			- 57		1 marginal



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY b. COUNTY ad in by the face 1 and 2 sectors 1 and 2 sectors 2 sectors 2 sectors 2 sectors 3 sect b. CITY OR TOWN (if outside corporate limits, C. CITY OR TOWN (If outside corporate limits, with RVRAL and give nearest lown) MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give nearest town! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pages filled . IS RESIDENCE ON A FARM? BODNISBORD MD, 1712 Middle YES NO X Year DECEASED (Type or print) AT RICIA DEATH B. DATE OF BIRTH NO VEIVIBER . 29. 196/ AGE (In years | If UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days + EMALIE WIDOWED 3 evor USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME WASH CO HUSPITAL HAGERSTOWN MD. U.S.A please ESTER MONGAN 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) LESTER WITEK DOONSBURO MD. RIZ 18. CAUSE OF DEATH finter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY, signed IMMEDIATE CAUSE (e) certificate has been signer use as the burial-transit **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (e), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19, WAS AUTOPSY PERFORMED? YES NO TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f (City or town) (County) (State) While Not While tectory, street, office bldg , etc.) Hour a.m. at work at work D. 00 DIRECTOR: saw the deceased alive on ... 22a. SIGNATURE 22b, DATE ATTENDING SIGNED STAFF PHYS. DIRECTOR death, ge 4 22d. ADDRESS 22c. PHYSICIAN S SECONDARI NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 235 DATE THEREOF 23d, LOCATION (City, town or county) REMOVAL (Specify) 24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Kraus JOONS130RD 15M 7,61

YLAND STATE DEPARTMENT OF HEALTH



AND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13218 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed kved, If institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON b. CITY OR TOWN (if outs de corporate limits, MARYLAND MARYLAND WASHINGTON

C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give straet address) YES NO LIAMSPORT 3. NAME OF Year DECEASED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED and con last birthday) Months WIDOWED V DIVORCED 8 physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working .fa, even if rel red) 4AKMER CENERAL HARM WORK WASHINGTON 14. MOTHER'S MAIDEN NAME please affending page SUNIMIERS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT [Yas, no, or unkown] (If yes giva war or detes of servica) NO: 219-05-9907

18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). PRANKLIN E. WOLFE SMITHSBURG 13.2. signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Thrombosis L.Min. IMMEDIATE CAUSE (e) DUE TO Cardio-Renal Disease Vrs Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Scarlet Fever the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJRY (Home, farm, 20f, (City or fown) (County) (5tate) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . factory, streat, offica bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from JULY 13, 19.61 to Nov. 20...., 19.62 that (i) (we) last1961., and that death occured at D.A.M., from the causes and on the date stated above. saw the deceased alive 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYS CIAN'S Last NAME (Type director, be filed 236. BURIAL, CREMATION, 1 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City, town or county) REMOVAL (Specify) OH EMETERY REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 arthur S. Kraux DATE DEC 6 OONSBORD



TO HC TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execution 24 nours arrested as 1 filed in 24 may be ratained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death The law requires that the death certificate be exec

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13911 CERTIFICATE OF DEATH 13219

20020		49900
1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if instituti	on: Residence before admission
WASHINGTON MARYLA	. STATE MARYLAND b. COUNTY	VASHINGTON
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY		L end give neerest town
write RURAL end give nearest lown)	A2 HAGERSTOWN	
		is occupable
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address		IS RESIDENCE ON A FARME
109 E. FRANKLIN ST.	109 E. FRANKLIN ST.	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) CLARA VIRGINIA	ZAHN DEATH NOVEMBER	3 10 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		
FEMALE WHITE WIDOWED DIVORCED	1/16/1883 last birthday) Mantl	hs Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
HOUSEWIFE	MARYLAND	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM A. NEWMAN	EMMA C. McGRUDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		GERSTOWN
(Yes, new Tunkown) (Hyesgive war or dates of service) NONE:	MR. CHARLES W. ZAHN SR.	MD.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Coronary occlu	usion	15 min.
1/2011 DUE TO		
Conditions, if any, which) (b) Arteriosclerot	tic heart disease	Indefinit
geve rise to immediate cause		
(a), signing the underlying	vascular disease	Indefinit
O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATTY	BUT NOT RECEIVED TO THE TERMINAL DISEASE CONDITION STREET	PERFORMED?
[5]		AEZ NO M
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	CCURED. (Enter nature of injury in Pert I or Pert II of item 18.)	
ZDc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2		(County) (Stete)
ZDc. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 2 Haur e.m. While Not While et work et work	fectory, street, office bldg., etc.)	
	113 Nov. 10	67
21. I certify that (I) (this hospital) attended the deceased	from 4.300 143, to Nov. 10	
saw the deceased alive on NOV . 9 19.61, and	d that death occured at	on the date stated abov
22a. SIGNATURE/2 A . 1	ATTENDING MED. STAFF	22b. DATE
18 Deliverse	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	11/13/61
22c. PHYSICIAN'S TO TO THE TOTAL METERS	22d. ADDRESS 7 J. O. Stort Troples	ant on Stroot
NAME (Type) B. B. Kneisley, M.D.	148 West Washin Hagerstown, Maj	ng lon acreet
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	AETERY OR CREMATORY 23d. LOCATION (City, lown or s	
REMOVAL (Specify)	HILL CEM. HAGERSTOWN	MD.
BURIAT 11/10/01		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	
Wir Mason Halle	Care Act DATE NOV 14'61 Come	of S. Thomas

8 (52.1 ,-14 = [derestary exellentes ANTHE TWO PULLS STORE TO STORE . . . Realist .. .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY e. STATE b. COUNTY Wi comi co Maryland by the and 2 sidesth. MARYLAND b. CITY OR TOWN (if outside comprete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Salisbury 2500 days Rhodesdale after .E -Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS papers. Pag n 72 hours a Deer's Head State Hospital Box ha: RFD NAME OF 4. DATE Middle Month DECEASED OF (Typa or print) Marjorie Ella DEATH Haveraft November within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR pue last birthdey) Months Female White WIDOWED [DIVORCED event, physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) None Madelia. Minn. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊑ attending James B. Haveraft Sarah Woodhall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address removal, (Yas no or unkown) (If yes give wer or detas of service) Haycraf Kenney Avenue physician. None Sharon 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] permil. signed by PART I, DEATH WAS CAUSED BY: Chronic pyelonephritis IMMEDIATE CAUSE (e) the burial-transit DUE TO affending if any, which (b) geve rise to immediate cause DUE TO (a), steting the underlying certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY Rheumatoid arthritis, multiple; diabetes mellitus use prior 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of ilam 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) detached for may be retained by the DIRECTOR: After this of Health è 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) Month, Day, Year factory, streat, office bldg., atc.) While Not While Hour a.m. el work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from Jan. 1. ..., 19.55 to NOV. 5 ... 19.61, that (I) (we) last Pe Nov. 8 should saw the deceased alive on. 22e. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type V. Maldve, M.D. Head Hospital: Salisbury, Md. TO FUNE director, t 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL ISP (Specify) Phila. Memorial Park Frazer 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Dorchester

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

Years

PERFORMED?

(State)

22b. DATE

/61

SIGNED

YES S NO T

a. IS RESIDENCE

YES NO

19 67

IE UNDER 24 HRS.

ON A FARM?

VR A15 (4) 15M 9/60

45511 THE RESERVE the same of the sa THE RESIDENCE OF THE PARTY OF T THE PERSON HOLD TO SERVE THE THE PERSON HOLD T